


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90038 046 \*\*\*150.00

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|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # P94000004477**

1. Corporation Name  
**FREDS' AUTO BODY INC**

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>6945 VICKIE CIR<br>W MELBOURNE FL 32904 | Mailing Address<br>6945 VICKIE CIR<br>W MELBOURNE FL 32904 |
|------------------------------------------------------------------------|------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                       |                                                                                                                                                  |                                                           |                                                                |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/10/1994</b>                                |                                                                                                                                                  | 4. FEI Number<br><b>59-3225111</b>                        | Applied For<br><input type="checkbox"/> Not Applicable         |
| 2. Principal Place of Business<br>21 <b>6933 Vickie Circle</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>6933 Vickie Circle</b><br>Suite, Apt. #, etc.                                                                       | 5. Certificate of Status Desired<br>22 <b>W. Melb FL</b>  | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 23 <b>32904</b><br>City & State                                                       | 27 <b>W. Melb. FL</b><br>City & State                                                                                                            | 6. Election Campaign Financing<br>Trust Fund Contribution | <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees    |
| 24<br>Zip                                                                             | 25<br>Country                                                                                                                                    | 28 <b>32904</b><br>City & State                           | 29<br>Zip                                                      |
| 30<br>Country                                                                         | 8. This corporation owes the current year tangible Personal Property Tax.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                           |                                                                |

9. Name and Address of Current Registered Agent

**CARMER, FRED S**  
~~6945 VICKIE CIR~~  
**W MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| 81 Name                                               |                           |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>6933 Vickie Circle</b> |
| 83                                                    |                           |
| 84 City                                               | <b>W. Melb</b>            |
| 85 State                                              | <b>FL</b>                 |
| 86 Zip Code                                           | <b>32904</b>              |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | VPTS            | <input type="checkbox"/> DELETE |
| NAME           | CARMER, FRED S  |                                 |
| STREET ADDRESS | 6945 VICKIE CIR |                                 |
| CITY-ST-ZIP    | W MELBOURNE FL  |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | <b>6933 Vickie Circle</b>                                                    |
| 1.4 CITY-ST-ZIP    | <b>W. Melb. FL 32904</b>                                                     |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred S. Carmer* 1/2/99 407-725-7450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E034 (11/98)