

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-24-1999 90038 046 ***150.00

0118828

DOCUMENT # P94000004477

1. Corporation Name
FRED'S AUTO BODY INC

Principal Place of Business
6945 VICKIE CIR
W MELBOURNE FL 32904

Mailing Address
6945 VICKIE CIR
W MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number
59-3225111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year tangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. 6933 Vickie Circle
Suite, Apt. #, etc.

26. 6933 Vickie Circle
Suite, Apt. #, etc.

22. W. Melb FL
City & State

27. W. Melb. FL
City & State

23. 32904
Zip

28. 32904
Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMER, FRED S
6945 VICKIE CIR
W MELBOURNE FL 32904

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

6933 Vickie Circle

83. City

W. Melb FL

85. Zip Code
32904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTS
CARMER, FRED S
6945 VICKIE CIR
W MELBOURNE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change ☒ Addition ☐
6933 Vickie Circle
W. Melb. FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)