

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069042 (6)

1. Corporation Name

BREVCO AUTO PARTS, INC.



Principal Place of Business

Mailing Address

123 FIFTH AVE.
INDIALANTIC FL 32903

123 FIFTH AVE.
INDIALANTIC FL 32903

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 1166 W. New Haven Avenue

2a. Mailing Address

26 P. O. Box 38

4. FEI Number
59-3347593

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
West Melbourne, FL

27 City & State
Melbourne, FL

23 Zip
32904

Country

28 Zip
32902

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARLOW, T.M.
123 FIFTH AVE.
INDIALANTIC FL 32903

81 Name
Sean Creech

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

83

84 City
Rockledge,

FL 85 Zip Code
32955

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 of the registered agent and their representative

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [X] DELETE
NAME BARLOW, T.M.
STREET ADDRESS 123 FIFTH AVE.
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE D/President [] Change [X] Addition
12 NAME Earl L. Creech
13 STREET ADDRESS 2301 Bemiss Road
14 CITY-ST-ZIP Valdosta, GA 31601

21 TITLE D/Vice-President [] Change [X] Addition
22 NAME Sean Creech
23 STREET ADDRESS 929 Bedford Road
24 CITY-ST-ZIP Rockledge, FL 32955

31 TITLE Secretary/Treasurer [] Change [X] Addition
32 NAME Kim Creech
33 STREET ADDRESS 929 Bedford Road
34 CITY-ST-ZIP Rockledge, FL 32955

41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (3/96)