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PROFIT CORPORATION **ANNUAL REPORT** 1998

19



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000004826 (9) **DOCUMENT #**

A & B AUTOMOTIVE REPAIR, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3604 S HOPKINS AVE 3604 S HOPKINS AVE TITUSVILLE FL 82780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3370866 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. X Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STUMP, MARJORIE L 3604 S HOPKINS AVE 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 84 City Zip Code 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. 4- 2*4-9*8 SIGNATURE (NOTE_Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE 1.1 THUE STUMP, MARJORIE L 1.2 NAME NAME 1331 VISTA TERR STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32780 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STUMP, ROBERT T 2.2 NAME **5330 PINETREE DR** STREET ADDRESS 2.3 STREET ADDRESS EDGEWATER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE KLEIN, VICKI 3.2 NAME NAME 15141 78TH DR, NORTH STREET ADDRESS 3 3 STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STUMP, CRAIG L NAME 4. 2 NAME **6335 DEER LANE** 4.3 STREET ADDRESS STREET ADDRESS **COCOA FL 32927** 4.4 CITY - ST - ZIP CITY-\$T-ZIP DELETE 5.1 TITLE Addition TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 il changed, or on an attachment with an address.