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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079493 (8)

1. Corporation Name
ALL BREVARD TIRE & TRUCK, INC.

Principal Place of Business
129 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address
129 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952-3634



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

9-23-96

4. FEI Number

59-3409068

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

9. Name and Address of Current Registered Agent

SHAFFER, BARRY R
129 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAFFER, BARRY R	
STREET ADDRESS	129 E MERRITT ISLAND CAUSEWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILSAPS, TIMOTHY C	
STREET ADDRESS	129 E MERRITT ISLAND CAUSEWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEEK, ROBERT E	
STREET ADDRESS	129 E MERRITT ISLAND CAUSEWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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

11 TITLE	DIRECTOR - SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SHAFFER, BARRY	
13 STREET ADDRESS	129 E. MERRITT ISLAND CSWY	
14 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
21 TITLE	DIRECTOR - OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MILSAPS, TIMOTHY C	
23 STREET ADDRESS	129 E. MERRITT ISLAND CSWY	
24 CITY-ST-ZIP	MERRITT ISLAND FL	
31 TITLE	PRESIDENT - OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PEEK, ROBERT E. JR	
33 STREET ADDRESS	129 E. MERRITT ISLAND CSWY	
34 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
41 TITLE	VICE-PRESIDENT - OWNER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PATTERSON, AMBER ANNE	
43 STREET ADDRESS	129 E. MERRITT ISLAND CSWY	
44 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Robert E. PEEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (407) 452-7114
Date Daytime Phone #

CR2E034 (9/96)