

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # J32558 (5)**

95 AUG -3 AM 11:01

1. Corporation Name  
**HARBOR CITY TOWING, INC.**

Principal Place of Business Mailing Address  
1524 HOLLAND ST 1524 HOLLAND ST  
P. O. BOX 360125 P. O. BOX 360125  
MELBOURNE FL 32906-7125 MELBOURNE FL 32906-7125

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6225 So. Babcock St		26 P.O. Box 360125		09/10/1986	06/21/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2715713	Not Applicable
24 32909		25 Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32936		30 Brevard		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUSH, CAROL B. 1524 HOLLAND ST. MELBOURNE FL 32935				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
				Bush, Carol B. 1621 Cypress Ave Melbourne FL 32935	
				85 Zip Code	
				32935	

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 *Carol B Bush* DATE 7/31/95

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	BUSH, WALTER
STREET ADDRESS	1524 HOLLAND ST.
CITY - ST - ZIP	MELBOURNE FL
TITLE	P
NAME	BUSH, CAROL
STREET ADDRESS	1524 HOLLAND STREET
CITY - ST - ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bush, Walter
13 STREET ADDRESS	1621 Cypress Ave
14 CITY - ST - ZIP	Melbourne, FL 32935
21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bush, Carol
23 STREET ADDRESS	1621 Cypress Ave
24 CITY - ST - ZIP	Melbourne, FL 32935
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol B Bush* *Carol B. Bush* DATE 7/31/95 (407) 255-3386

CR2E034 (3/95)