

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J32558 (5)**

1. Corporation Name
HARBOR CITY TOWING, INC.



Principal Place of Business: **6225 S ABABCOCK ST P. O. BOX 360125 MELBOURNE FL 32909 US**
Mailing Address: **P O BOX 360125 P. O. BOX 360125 MELBOURNE FL 32936 US**

3. Date Incorporated or Qualified: **09/10/1986** 3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-2715713** 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

2. Principal Place of Business: **6225 So Babcocks** 2a. Mailing Address: **P.O. Box 360125**
21. Suite, Apt. #, etc.: **Palm Bay, FL** 26. Suite, Apt. #, etc.: **Melbourne, FL**
22. City & State: **32909 USA** 27. City & State: **32936 USA**
23. Zip: **32909** 24. Country: **USA** 29. Zip: **32936** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**BUSH, CAROL B.
1621 CYPRESS AVE
MELBOURNE FL 32935**

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **Carol B Bush** **Carol B Bush Pres** **7/1/96**
Signature typed or printed in full name of registered agent and the corporation. (Such a registered agent signature required when first state up.) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSH, WALTER	
STREET ADDRESS	1621 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BUSH, CAROL	
STREET ADDRESS	1621 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James W. Harthorn	
1.3 STREET ADDRESS	1621 Cypress Ave	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 19.07(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 Bush Pres** **7/1/96 (407) 255-3386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)