

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070419 (5)**

1. Corporation Name

DAYTONA HARLEY-DAVIDSON, INC.

Principal Place of Business

Mailing Address

290 N BEACH ST
DAYTONA BEACH FL 32114
US

739 W INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1983** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. 290 N BEACH ST		26. 515 EAS LAS OLAS BLVD		59-3205613		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fees Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25. Country		33301		US		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, CHARLES D JR
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH FL 32115

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
FL	

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMEYER, BRUCE	1.2 NAME	
STREET ADDRESS	290 N BEACH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	1.4 CITY - ST - ZIP	
TITLE	DVPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TERRY	2.2 NAME	
STREET ADDRESS	739 W INT'L SPEEDWAY BLVD	2.3 STREET ADDRESS	515 EAST LAS OLAS BLVD
CITY - ST - ZIP	DAYTONA BCH FL	2.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33301
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(2)(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:

TERRY TAYLOR

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Form #