

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **817898** (0)  
1. Corporation Name  
**HARBOR DODGE, INC.**

Principal Place of Business Mailing Address  
**2300 NORTH FEDERAL HIGHWAY** **2300 NORTH FEDERAL HIGHWAY**  
**POMPANO BEACH, FL 33062-1007** **POMPANO BEACH, FL 33062-1007**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1964** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1038982** 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 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**BAILEY, DEAN R.**  
**2300 NORTH FEDERAL HWY.**  
**POMPANO BEACH FL 33062**

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 \_\_\_\_\_ (NOTE: Registered Agent signatures required when reappointing.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BAILEY, DEAN</b>
STREET ADDRESS	<b>4140 NE 31ST AVE</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>VD</b>
NAME	<b>BAILEY, KEVIN</b>
STREET ADDRESS	<b>3001 N.E. 45 STREET</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE	<b>STD</b>
NAME	<b>KRABY, SHARON</b>
STREET ADDRESS	<b>2300 NORTH FEDERAL HWY</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>BAILEY, THOMAS</b>
STREET ADDRESS	<b>2241 N.E. 35 COURT</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 comply for the exemption stated in Section 119.035(6), 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 liquidator empowered to prepare this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Thomas Bailey* *Sharon Kraby* *7-20-45*