


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

05-4854

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90112 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 329609**  
 1. Corporation Name  
**HARRIS AUTOMOTIVE SUPPLY, INC.**



Principal Place of Business <del>354 E SR 10</del> <del>DEMOTTE IN 48310</del>	Mailing Address 114 N. WESTON ST RENSSELAER IN 47978
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6201 WEST US 24 PO BOX 497 Suite, Apt. #, etc.	2a. Mailing Address 26 6201 WEST US 24 PO BOX 497 Suite, Apt. #, etc.
22 REMINGTON, IN. City & State	27 REMINGTON, IN. City & State
23 47977 Zip	28 47977 Zip
24 Country	30 Country

3. Date Incorporated or Qualified <b>05/03/1968</b>	
4. FEI Number <b>59-1207997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.**  
 1116-D THOMASVILLE RD.  
 MT. VERNON SQUARE  
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACKER, REX O	
STREET ADDRESS	114 N. WESTON ST.	
CITY-ST-ZIP	RENSSELAER IN 47978	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUNACH, RICHARD	
STREET ADDRESS	114 N. WESTON ST.	
CITY-ST-ZIP	RENSSELAER IN 47978	
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	<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	SIT BAUNACH, RICHARD
2.3 STREET ADDRESS	114 N WESTON ST.
2.4 CITY-ST-ZIP	RENSSELAER, IN. 47978
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 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, with all other like empowered.

SIGNATURE: Richard S. Baunach 3/14/99 219-866-5127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)