

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G52886 (0)
1. Corporation Name
HARLEY DAVIDSON OF SEMINOLE COUNTY, INC.

Principal Place of Business

8155 SO HWY 17-92
FERN PARK FL 32730
US

Mailing Address

8155 SO HWY 17-92
FERN PARK FL 32730
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/04/1983

4. FEI Number

59-2791431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH LANCE D
2781 WEST STATE ROAD 434
LONGWOOD FL 32779

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

Signature, typed or printed name of a person, if agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, SCOTT P.
STREET ADDRESS 1408 NO LAKE DR
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE VP
NAME DANIELS, JAMISON
STREET ADDRESS 3875 DERBYSHIRE RD #215
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE ST
NAME GARY M. BALL
STREET ADDRESS 543 W. WINTER PARK ST.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME MAHOLIAS, TERRY
STREET ADDRESS 19736 PEMBROKE CR
CITY-ST-ZIP LEAWOOD KS

☐ DELETE

TITLE D
NAME OAKS, KIM
STREET ADDRESS 808 GROSVENOR PL
CITY-ST-ZIP OAKLAND CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST
1.2 NAME IRIS J. MAY
1.3 STREET ADDRESS 2440 LAKE VISTA CT. Bldg #9, #300
1.4 CITY-ST-ZIP Casselberry, FL 32707

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 liquidator 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

CR2E034 (10/97)