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

**PROFIT** CORPORATION ANNUAL. REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06146

(9)

HARRY'S TRANSMISSION SERVICE, INC.

Principal Place of Business	Mailing Address	
4506 E. BROADWAY TAMPA FL 33605	4506 E. BROADWAY TAMPA FL 33605-4610	

## **FILED** May 12 1997 8:00am Secretary of State



City & State  Country  Country  Country  R. This corporation has liability for intenglible pay under the properties of the provision of the provision of the provision of the provisions	Applied For Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees ider s. 199.032,  Zip Code ging its registered and as registered
Suite, Apt. #, etc.   South, Apt. #, etc.	Not Applicable  75 Additional ee Required  5.00 May Be dded to Fees nder s. 199.032,  Zip Code  ging its registered ent as registered  CTORS IN 12
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Science of Status Desired   \$8. Fe	.75 Additional ee Required 5.00 May Be dded to Fees inder s. 199.032,  Zip Code ging its registered ent as registered
City & State  Strice (Country)  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33805  B3 Street Address (P.O. Box Number is Not Acceptable)  TILL Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chang office or registored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  D1 CKINSON, GERALD  Address of New Registered Agent  City FL 85  City S1-2ir  Address of New Registered Agent  Country  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL 85  SIGNATURE  Signature required when releasance of registered Agent agent and life of applicable (NOTE Registered Agent aignature required when releasance)  DATE  DATE  11. TITLE  D1 Ch  Ch  TAMPA FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TAMPA FL  14 City-S1-2ir  TAMPA FL	ee Required 5.00 May Be dded to Fees inder s. 199.032,  Zip Code ging its registered as registered CTORS IN 12
City & State  28  City & State  28  Country  Country  Country  Country  Country  Country  Country  Country  S. This corporation has liability for intangible tax uniforcided by the corporation of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TAMPA FL  13. STREET ADDRESS  City-S1-2ip  TAMPA FL  14. OTY-S1-2ip  TAMPA FL  TAMPA	Zip Code ging its registered ont as registered
24 25 29 30 Finis corporation has flability for Intangible tax uniform Florida Statutes	Zip Code ging its registered ent as registered CTORS IN 12
DICKINSON, GERALD 4508 E. BROADWAY TAMPA FL 33805  81  Name  City  FL  85  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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hybrid or prived name of registered agent and life if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  DICKINSON, GERALD  12. NAME  SIRRET ADDRESS  CITY- ST- ZIP  13. STREET ADDRESS  CITY- ST- ZIP  14. CITY- ST- ZIP  14. CITY- ST- ZIP	ging its registered ont as registered CTORS IN 12
4508 E. BROADWAY TAMPA FL 33605  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85    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 change of the obligations of, Section 607.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature required when relinitaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  DICKINSON, GERALD  12. NAME  SIREET ADDRESS  CITY- 51-211*  TAMPA FL  14. CITY- ST- ZIP  TAMPA FL	ging its registered ont as registered CTORS IN 12
4508 E. BROADWAY TAMPA FL 33605  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   85   86 City   FL   85   86 City   FL   85   87   88   88   88   88   88   88   88   89   88   89   88   89   88   89   88   89   88   89   89   89   80	ging its registered ont as registered CTORS IN 12
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SIGNATURE  Signature typed or prived name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  DICKINSON, GERALD  1.2 NAME  STREET ADDRESS  CITY-S1-ZIP  TAMPA FL  1.4 CITY-S1-ZIP	CTORS IN 12
SIGNATURE  Signature typed or proved range of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  DICKINSON, GERALD  12. NAME  11.2 NAME  11.3 STREET ADDRESS  CITY-S1-2III  TAMPA FL  1.4 CITY-ST-ZIP	CTORS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THUE  PD  DICKINSON, GERALD  4508 E. BROADWAY  TAMPA FL  NOTE: Registered Agent signature required when reinstalling)  DATE  (NOTE: Registered Agent signature required when reinstalling)  DATE  (NOTE: Registered Agent signature required when reinstalling)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY- \$1-21!*  TAMPA FL  1.4 CITY- \$7-21!*	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THUE PD DICKINSON, GERALD  12. NAME DICKINSON, GERALD  12. NAME 13. STREET ADDRESS  11.1 TITLE 12. NAME 14.508 E. BROADWAY 13. STREET ADDRESS  CITY-S1-2IP TAMPA FL  14. CITY-S1-ZIP	
NAME         DICKINSON, GERALD         12 NAME           STREET ADDRESS         4506 E. BROADWAY         13 STREET ADDRESS           CITY-S1-2IP         TAMPA FL         1.4 CITY-ST-ZIP	ange Addition
STREET ADDRESS CITY-S1-ZIP TAMPA FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CITY-S1-2III TAMPA FL 1.4 CITY-ST-ZIP	
	1
I AVA	nange Addition
TITLE STD DELETE 2.1 TITLE CON	ange L Audition
NAME FORD, PHILIP 2.2 NAME STHEFT AUTORESS 4506 E. BROADWAY 2.3 STREET ADDRESS	
P44464 F1	
CITY-S1-ZIP	ange Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CHY-ST-ZIP 3.4. CHY-ST-ZIP	
	nange Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETÉ 5.1 TITLE CIN	nange Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-7IP 54 CITY-ST-7IP	· · · · · · · · · · · · · · · · · · ·
TITLE DELETE 6.1 TITLE Ch	nange [] Addition
NAME 6.2 NAME	
STHEET ADDRESS 6.3 STREET ADDRESS .	
CITY-ST-ZIP  14. I do 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	

information indicated on this annual report or supplied with rins ming 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 chapted or on an attachment with an address.

SIGNATURE: