

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

55 JUL 20 PM 5:23

RECEIVED
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000064699 (0)

1. Corporation Name

GEORGE HARVEY AUTOMOTIVE, INC.

Principal Place of Business

**1950 AURORA RD
MELBOURNE FL 32935
US**

Mailing Address

**1950 AURORA RD
MELBOURNE FL 32935
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3208456

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. This corporation is a corporation

☐ **\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

9. Name and Address of Current Registered Agent

**HARVEY, WANDA B
1918 AURORA ROAD
MELBOURNE FL 32935**

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

Signature of Registered Agent (Typed Name of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1	NAME	P HARVEY, WANDA B.
12.2	STREET ADDRESS	113 ANONA PL
12.3	CITY, ST. ZIP	INDIAN HARBOUR BCH FL
12.4	NAME	VP HARVEY, GEORGE B. III
12.5	STREET ADDRESS	113 ANONA PL
12.6	CITY, ST. ZIP	INDIAN HARBOUR BCH FL
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST. ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST. ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST. ZIP	

13.

13.1	NAME	
13.2	STREET ADDRESS	
13.3	CITY, ST. ZIP	
13.4	NAME	
13.5	STREET ADDRESS	
13.6	CITY, ST. ZIP	
13.7	NAME	
13.8	STREET ADDRESS	
13.9	CITY, ST. ZIP	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST. ZIP	

☐ Change ☐ Addition

☐ Change ☐ Addition

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*****225.00 *****225.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 this corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document. I am an officer or director with an address.

SIGNATURE: Wanda B Harvey Wanda B Harvey 7-1-95 (107)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Title)

259-0963

CR2E034 (3/95)