

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000018980 (0)**

1. Corporation Name
HARTE AUTOMOTIVE SERVICES, INC.



Principal Place of Business: 715 S. COLLINS ST, PLANT CITY FL 33566 US
Mailing Address: 715 S. COLLINS ST, PLANT CITY FL 33566 US

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3228503
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTE, CHARLES R
3910 W. ALVA ST.
TAMPA FL 33614-7033

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 registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, CHARLES R	
STREET ADDRESS	715 S. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTE, CLAUDE K.	
STREET ADDRESS	715 S. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, BRIAN J	
STREET ADDRESS	715 S. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, JULIE A	
STREET ADDRESS	715 S. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
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	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRIBBS, SANDRA S.	
1.3 STREET ADDRESS	715 S. COLLINS ST.	
1.4 CITY-ST-ZIP	PLANT CITY FL 33566	
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	000001834680	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/22/96--01055--021	
5.3 STREET ADDRESS	***200.00	
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 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 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.

SIGNATURE: *[Signature]* 4/23/96 (813) 754-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)