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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053266 (0)

HARRY'S AUTO TRANSPORT, INC.

Principal Place of Business

Mailing Address

2000 RED GATE LANE 920 Shock Or DELTONA EL 22728

2030 RED GATE LANE

FILED Apr 15 1998 8:00am Secretary of State



DELTONA FL 32738 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1994 Applied For 59-3261810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name DEKANCHUK, LORI A 2030 RED GATE LANE Street Address (P.O. Box Number is Not Acceptable) 82 **DELTONA FL 32738** 83 City **B**5 Zip Code FI 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 registored agent and title if apparable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE **Change** Addition TITLE 1.1 TITLE **DEKANCHUK, HARRY** 1.2 NAME 2000 RED GATE LANE Dublin 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE DEKANCHUK, LORI A 2.2 NAME NAME 2000 RED GATE LANE 1617 Dublin STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 2. 4 CITY - ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CHTY-S1-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP 14. Thereby 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 suppliemental 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 attrictment with an address.