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)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000078890 (8)**

1. Corporation Name

HARRIS MOTOR SALES, INC.

Principal Place of Business

123 NO. KENTUCKY AVENUE STE. 201
LAKELAND FL 33801

Mailing Address

123 NO. KENTUCKY AVENUE STE. 201
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report: 10-26-94
4. FEI Number: 59-328 0715 — Applied For / Not Applicable
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 complied with Chapter 607, 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 P.O. Box 1086
Suite, Apt. #, etc.
27 Lakeland, Florida
City & State
28 33802-1086
Zip 29 | Country 30 USA

9. Name and Address of Current Registered Agent

WILSON, THOMAS D
123 NO. KENTUCKY AVENUE STE. 201
LAKELAND FL 33801

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] Thomas D. Wilson, Pres. 8-2-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, THOMAS D
STREET ADDRESS	123 NO. KENTUCKY AVENUE STE. 201
CITY-ST-ZIP	LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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)(n), 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] Thomas D. Wilson 8-2-95 (941)687-8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0103704 CP