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 #

(6)

GAINESVILLE HARLEY-DAVIDSON & BUELL, INC.

FILED Mar 03 1998 8:00am Secretary of State



					<u> </u>		AN 818
Principal Place of Business Mailing Address					1 14411 641616 63166 3116) 16/61 1169, 1(6) 636	10 4181) 4181(8 ()	11: #181: #181: 184(
4125 NW 97TH BLVD 4125 NW 97TH BLVD							
GAINESVILLE	FL 32606	GAINESVILLE FL 32806			DO NOT WRITE IN THIC CRACE		
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					09/11/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Cuito Ant		26			59-3140689		Not Applicable
	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			5. Certificate of Status Desireo	· Fr	ee Required
I City & State	θ	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution	Ac	ided to Fees
Zip	Country Zip		Countr	y	8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30.	Yes Yes	L No
	9, Name and Address of Curre	nt Registered Agent	81	Laren	10. Name and Address of New Registe	red Agent	
	TLE, RAY E., JR.		*'	Name			
3625 NW 110TH TER			82	Street Address (P.O. Box Number is Not Acceptable)			
G/A	INESVILLE FL 32606		83	1			
			84	City		Top	Zip Code
			0.7	City		FL 85	Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	o of Florida. Such change was pations of, Section 607.0505, F	authorized b forida Statute	y the corpora is.	poration submits this statement for the purpo alion's board of directors. I hereby accept the	e appointme	nt as registered
	Signature, typed or printed name of registered ag		<u>-</u> ``	ent signature requ		ATE DIDE	OTODO INI 40
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Ch:	
TITLE NAME	LYTLE, RAY E., JR.		1.2 NAME				Ingo Carrottion
STREET ADDRESS	3625 NW 110TH TER			T ADDRESS			
	GAINESVILLE FL		1.4 CITY-				
CITY-ST-ZIP TITLE	8	DELETE	2.1 TITLE	31-217		☐ Chi	ange 🔲 Addition
NAME	LYTLE, GAIL L	—	22 NAME			 ·	• -
STREET ADDRESS	3625 NW 110TH TERRITORY	•		T ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-				
TITLE		☐ DELETE	3.1 TITLE		-	Cha	ange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Ch	ange 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Cha	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELE TE	6.1 TITLE			☐ Cha	ange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY - ST - 74P			6.4 CITY -	ST - 71P			

14. I 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 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.