FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
MAY
1995

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001812 (7)

1. Corporation Name

CLASIC CRUISERS OF OCALA FLA. INC.

Principal Place of Business	Mailing Address
4720 SE 145TH ST SUMMERFIELD FL	4720 SE 145TH ST SUMMERFIELD FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3189992 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28) P.O. Box 69 SUMMERFIELD, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) 34492 / Country (30) MARION	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAWTER, STEPHEN 4720 SE 145TH ST. SUMMERFIELD FL 34491	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 _____ DATE _____
(Required) (Typed or printed name of registered agent and title if applicable) (Required) (Registered Agent's signature for registered office address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	STEPHEN HAWTER	12 NAME	GERARD R. PIZZOLORUSSO
STREET ADDRESS	4720 SE 145ST	13 STREET ADDRESS	14865 SW 46TH CT.
CITY-ST-ZIP	SUMMERFIELD FL 34491	14 CITY-ST-ZIP	OCALA, FL 34473
TITLE	VP/D	21 TITLE	VP/D ☒ Change ☐ Addition
NAME	RON RASNICK	22 NAME	WAYNE UBERRY
STREET ADDRESS	14655 SE 94 AVE	23 STREET ADDRESS	140 N.E. 71 ST AVE.
CITY-ST-ZIP	SUMMERFIELD FL 34491	24 CITY-ST-ZIP	OCALA, FL 34470
TITLE	T/D	31 TITLE	T/D ☒ Change ☐ Addition
NAME	KIM DODD	32 NAME	PATRICIA ANN PIZZOLORUSSO
STREET ADDRESS	4354 SW 142 PL	33 STREET ADDRESS	14865 SW 46TH CT.
CITY-ST-ZIP	OCALA FL 34473	34 CITY-ST-ZIP	OCALA, FL 34473
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	NICK ROBERNAULT	42 NAME	KATHY TALBERT
STREET ADDRESS	3275 SE 133 PL	43 STREET ADDRESS	3821 SE 33 CT AVE.
CITY-ST-ZIP	BELLEVIEW FL 32620	44 CITY-ST-ZIP	OCALA, FL 34480
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is valid and does not qualify for the exemption stated in Section 119.07(4)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Ann Pizzolorusso 4-27-95 (904) 629-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA ANN PIZZOLORUSSO

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