MAP

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N93000001812 (7)

1. Corporation Name

CLASIC CRUISERS OF OCALA FLA. INC.

Principal Place of Business	Mailing Address
4720 SE 145TH ST. SUMMERFIELD FL	P.O. BOX 69 SUMMERFIELD FL 34492 US

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3189992 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAWTER, STEPHEN
4720 SE 145TH ST.
SUMMERFIELD FL 34491

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	PIZZOLORUSSO, GERARD R.		1.2 NAME	Dan Hettinger	
STREET ADDRESS	14865 SW 46TH CT.		1.3 STREET ADDRESS	3810 S.E. 44th St	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala FL 34480	
TITLE	VP/D	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	O'BERRY, WAYNE		2.2 NAME	NEIL DAWSON	
STREET ADDRESS	140 NE 71ST AVE.		2.3 STREET ADDRESS	11935 S.E. 92ND TERR	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Belleview FL. 34420	
TITLE	T/D	☐ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	PIZZOLORUSSO, PATRICIA ANN		3.2 NAME	WAYNE O'BERRY	
STREET ADDRESS	14865 SW 46TH CT.		3.3 STREET ADDRESS	140 NE. 71ST AVE	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala FL. 34470	
TITLE	S	☐ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	TALBERT, KATHY		4.2 NAME	DENISE HANSELMAN	
STREET ADDRESS	3821 SE 33RD AVE		4.3 STREET ADDRESS	13680 N.E. 52ND PL RD	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	SILVER SPRINGS FL 34480	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bank deposit # 61.25	

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dan Hettinger Dan Hettinger President 4-23-96 352 368 6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ck #40