FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90038 020 ****70.00

0076560

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001812**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/22/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3189992 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P/D	☐ Change ☐ Addition
NAME	PIZZOLORUSSO, GERARD R		1.2 NAME	Jeff Stone	
STREET ADDRESS	14865 SW 46TH CT.		1.3 STREET ADDRESS	12480 NE 135 St.	
CITY-ST-ZIP	OCALA FL 34473		1.4 CITY-ST-ZIP	Ft. McCoy FL 32134	
TITLE	VP/D	☒ DELETE	2.1 TITLE	VP/D	☐ Change ☐ Addition
NAME	O'BERRY, WAYNE		2.2 NAME	Jerry Cantrell	
STREET ADDRESS	140 NE 71ST AVE.		2.3 STREET ADDRESS	17621 SE 19 Pl	
CITY-ST-ZIP	OCALA FL 34470		2.4 CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TANA, DONNA		3.2 NAME		
STREET ADDRESS	4880 SW 36TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUNCH, ALICE		4.2 NAME		
STREET ADDRESS	3876 SW 148TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34473		4.4 CITY-ST-ZIP		
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		

CR2E037 (11/98)

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

SIGNATURE: SIGNATURE REQUIRED 2/1/99 352-854-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #