

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001812

**FILED  
Mar 27, 2016  
Secretary of State  
CC1906872379**

**Entity Name:** CLASSIC CRUISERS OF OCALA FLA. INC.

**Current Principal Place of Business:**

10830 NE HWY 314  
SILVER SPRINGS, FL 34488

**Current Mailing Address:**

PO BOX 561  
SILVER SPRINGS, FL 34489-0561 US

**FEI Number:** 59-3189992

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOGEL, KURT  
10830 NE HWY 314  
SILVER SPRINGS, FL 34488 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name VOGEL, KURT  
Address 10830 NE HWY 314  
City-State-Zip: SILVER SPRINGS FL 34488

Title S  
Name VOGEL, TERRY  
Address 10830 NE HWY 314  
City-State-Zip: SILVER SPRINGS FL 34488

Title V  
Name WISE, GREG  
Address 13800 NE 47TH AVE  
City-State-Zip: ANTHONY FL 32617

Title T  
Name WISE, BEVERLY  
Address 13800 NE 47TH AVE  
City-State-Zip: ANTHONY FL 32617

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BEVERLY WISE**

**TREASURER**

**03/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date