| DOCUMENT #       335447         1. Firity Name       CLASSIC OLDSMOBILE, INC.         Principal Place of Business       Muling Address         State of Business       Muling Address         State of Business       Muling Address         State of Business       NALES FL 3391         2. Principal Place of Business       3. Mailing Address         State of Business       3. Mailing Address         State of Business       3. Mailing Address         Sulle, Apt # etc.       Sulle, Apt # etc.         City & State       Caustry         Zip       Country         Zip       Country         Zip       Country         Zip       Country         State       Country         State       Country         State       Country         State       Country         State       State         City & State       Country         State       Country         State       State         City & State       Country         State       Country         State       State         City & State       Country         State       Countrent Registered Agent <td< th=""><th></th></td<>  |           |
|---|-----------|
| CLASSIC OLDSMOBILE, INC.       08-13-2001 90095 024 *** 550.00         Principal Place of Business       Maiing Address         S00 RADO ROAD       8000 RADO ROAD         P.D. BOX 9949       P.D. BOX 9949         NMEES R, 33941       NALES R, 33941         2. Principal Place of Business       9. Mailing Address         Suite, Apl. #, etc.       Oo NOT WRITE IN THIS SPACE         City & State       City & State         Zip       Country         5. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O. Box Number is Not Acceptable)         Water Street Address (P.O   |           |
| BX00 PADIO ROAD       BX00 PADIO ROAD       P.D. BOX BANA         P.D. BOX BANA       P.D. BOX BANA       P.D. BOX BANA         WAPLES FL 33941       NAPLES FL 33941         2. Principal Place of Business       3. Mailing Address         Suite, Apl. #, etc.       Suite, Apl. #, etc.         City & State       City & State         Zip       Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Zip         Country       Sic Certificate of Status Desired         Signational Face Required       Sic Sate         Signational Face Required       Name         Galliman, William K JR       Signational Face Required         Signational Face Required       Signational Face Required         Signational Face Required       Signational Face Required         Signational Face Required for the problem of  |           |
| 2. Principal Place of Business 3. Mailing Address  |           |
| City & State       City & State       4. FEI Number       59-1218773       Applied For<br>Not Applicab         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional<br>Fee Required         GALLMAN, WILLIAM K JR       Street Address of Current Registered Agent       7. Name and Address of New Registered Agent       Registered Agent         GALLMAN, WILLIAM K JR       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         GALLMAN, WILLIAM K JR       Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)       Got Address (P.O. Box Number is Not Acceptable)         Street Address (  |           |
| Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additional<br>Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         GALLMAN, WILLIAM K JR       Name       Street Address (P.O. Box Number is Not Acceptable)         WARES FL 34H49       05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05561       CHEST NUT       Clip Chest Number is Not Acceptable)          05661       CHEST NUT       Clip Chest Number is Not Acceptable)   | <br>*     |
| S. Cellingale of status besided  Fee Required  Required Required  Required Required Required Required Required Required Required Required Required Required Required Required Requi |           |
| GALLMAN, WILLIAM K JR       Name         GALLMAN, WILLIAM K JR       Street Address (P.O. Box Number is Not Acceptable)         4940_TAMARIND FILDGE DRIVE       Street Address (P.O. Box Number is Not Acceptable)   |           |
| 4940_TAMABIND_RIDGE DRIVE       Street Address (P.O. Box Number is Not Acceptable)         NAPLES FL-34H19       6561 CHEST NUT CIRCUE  |           |
| NAPEES FE-34H19       Image: City NAPLES       City NAPLES       FL       Zie Spring OP         8. The above named energy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Image: City NAPLES       FL       Zie Spring OP         8. The above named energy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Image: City NAPLES       Image: City NAPLES         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       FILE NOW!!! FEE IS \$550.00       Image: Corporation Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       Stee criteria on back)       Image: Corporation is eligible to State its intermed to purpose of Corporation is eligible to State its intermed to purpose of Corporation is eligible to be state its intermed to be so.       Image: Corporation is eligible to State its intermed to be so.       Image: Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       Image: Corporation is eligible to Department of State       Image: Corporation is eligible to State its is the solution.       Image: State its is the solution.       State its its is the solutits its is the  | -         |
| 8. The above named endry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   9. This corporation is eligible to satisfy its Intangible TAX filing requirement and elects to do so. (See criteria on back)   9. This corporation is eligible to satisfy its Intangible TAX filing requirement and elects to do so. (See criteria on back)   11.   0FFICERS AND DIRECTORS   12.   Added to Fees   11.   0FFICERS AND DIRECTORS   12.   Added to Fees   13.   0FFICERS AND DIRECTORS   14.   15.   0FICERS AND DIRECTORS   12.   Added to Fees   13.   0FFICERS AND DIRECTORS   14.   15.   0FICERS AND DIRECTORS   12.   Added to Fees   13.   0FFICERS AND DIRECTORS   14.   15.   0FICERS AND DIRECTORS   12.   Added to Fees   13.   0FICERS AND DIRECTORS   14.   15.   0FICERS AND DIRECTORS   16.   17.   0FICERS AND DIRECTORS   18.   19.   10.   11.   0FICERS AND DIRECTORS   12.   Addition   13.   14.   15.   16.   16.   17.   18.   18.   19.   19.   1  | ]         |
| Image: Signature Signature Signature required when reinstaling)       This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       File NOW!!! FEE IS \$550.00       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       GALLMAN, WILLIAM K       Belete       TITLE       NAME         0.       De  |           |
| Signature required name of registered of and title if application         OATE         OATE       OATE   |           |
| Tax filing requirement and elects to do so.<br>(See criteria on back)       After September 12, 2001 Fee will be \$750.00<br>Make Check Payable to Department of State       10. Election Campaign Financing<br>Trust Fund Contribution.       \$5.00 May Be<br>Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       PD<br>GALLMAN, WILLIAM K<br>STREET ADDRESS       Delete       TITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       PD<br>GALLMAN, WILLIAM K<br>GALLMAN, WILLIAM K<br>MAME       Delete       TITLE       NAME         TITLE       FD<br>GALLMAN, WILLIAM K JR       Delete       TITLE       NAME         NAME       GALLMAN, WILLIAM K JR       Delete       TITLE       NAME  |           |
| (See criteria on back)       Make Check Payable to Department of State       Institution Contribution,       Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       PD       Delete       TITLE       Addition         NAME       GALLMAN, WILLIAM K       Delete       TITLE       Addition         STREET ADDRESS       6340-1 RATTLESNAKE HAMMOCK RD       STREET ADDRESS       GAG (CH(6STNUT CINCLES))         CITY-ST-ZIP       NAPLES, FL 00000       City-ST-ZIP       NAPLES, FL 34/109         TITLE       FD       Delete       TITLE       V/D         NAME       GALLMAN, WILLIAM K JR       NAME       NAME       Change       Addition   | 1         |
| TITLE       PD       Delete       TITLE       Addition         NAME       GALLMAN, WILLIAM K       Delete       TITLE       NAME       GALLMAN, WILLIAM K       NAME         STREET ADDRESS       6340-1 RATTLESNAKE HAMMOCK RD       STREET ADDRESS       GSG ( C.H.GSTNUT CINCLE)       Addition         CITY-ST-ZIP       NAPLES, FL 00000       CITY-ST-ZIP       NAPLES, FL 34/109       XChange       Addition         TITLE       FD       Delete       TITLE       V/D       XChange       Addition         NAME       GALLMAN, WILLIAM K JR       NAME       NAME       NAME       NAME       NAME   |           |
| STREET ADDRESS     6340-1 RATTLESNAKE HAMMOCK RD     STREET ADDRESS     6.56.1 CH65TNU1 CIACLES       CITY-ST-ZIP     NAPLES, FL 00000     CITY-ST-ZIP     NAPLES, FL 34/09       TITLE     FD     Delete     TITLE     V/D       NAME     GALLMAN, WILLIAM K JR     NAME     NAME  | <u>[]</u> |
| TITLE FD Delete TITLE V/D Change Addition   | 34 (5/01) |
| NAME GALLMAN, WILLIAM K JR  | CR2E03    |
|   |           |
| CITY-ST-ZIP NAPLES, FL 00000  |           |
| TITLE S Change Addition TITLE S/T C. MOZINGO Change Addition Change Addition Change Change Addition Change |           |
| TITLE     Delete     TITLE     Change     Addition       NAME     NAME  |           |
| STREET ADDRESS<br>CITY-ST-ZIP   |           |
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| TITLE Delete TITLE Change Addition  | - <br>    |
| STREET ADDRESS<br>CITY-ST-ZIP   |           |
| 13. 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 report or supplemental 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 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.   | 1         |
| SIGNATURE: SIGNATURE AND TYPED OPERATING OFFICER OF DIRECTOR  |           |