

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **553372** (4)  
1. Corporation Name  
**CLASSIC CAR CO.**



Principal Place of Business: **4000 W. COLONIAL DR ORLANDO FL 32808-7823**  
Mailing Address: **P.O. BOX 1720 WINTER PARK FL 32780-1720**

3. Date Incorporated or Qualified: **11/30/1977**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-1781199**  
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

2. Principal Place of Business  
21 **500 Park Avenue South**  
Suite, Apt. #, etc: **Suite 202**  
City & State: **Winter Park, FL**  
Zip: **32789** Country: **Orange**  
2a. Mailing Address  
26 **500 Park Avenue South**  
Suite, Apt. #, etc: **Suite 202**  
City & State: **Winter Park, FL**  
Zip: **32789** Country: **Orange**

9. Name and Address of Current Registered Agent  
**HOLLER, ROGER, W. III**  
**4000 W. COLONIAL DR.**  
**ORLANDO FL 32803-4818**

10. Name and Address of New Registered Agent  
81 Name: **Pamela O. Price**  
82 Street Address (P.O. Box Number is Not Acceptable): **201 E. Pine Street**  
83 **Suite 1200**  
84 City: **Orlando** FL 85 Zip Code: **32802**

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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLER, ROGER W. JR</b>	1.2 NAME	<b>Holler, Roger W. Jr.</b>
STREET ADDRESS	<b>860 W FAIRBANKS</b>	1.3 STREET ADDRESS	<b>500 Park Avenue South, Suite 202</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLER, ROGER W. III</b>	2.2 NAME	<b>Holler, Roger W. III</b>
STREET ADDRESS	<b>860 W FAIRBANKS</b>	2.3 STREET ADDRESS	<b>500 Park Avenue South, Suite 202</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLER, CHRISTOPHER A</b>	3.2 NAME	<b>Holler, Christopher A.</b>
STREET ADDRESS	<b>860 W FAIRBANKS</b>	3.3 STREET ADDRESS	<b>500 Park Avenue South, Suite 202</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	3.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLER, JULIETTE E</b>	4.2 NAME	<b>Holler, Juliette E.</b>
STREET ADDRESS	<b>860 W FAIRBANKS</b>	4.3 STREET ADDRESS	<b>500 Park Avenue South, Suite 202</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	4.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLER, JULIETTE A</b>	5.2 NAME	
STREET ADDRESS	<b>860 W FAIRBANKS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/23/97** DAYTIME PHONE: **407-645-1131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HUGER W HOLLER JR. PRESIDENT**

CR2E034 (9/96)