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

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (0)F28180 KAS-MAC KLASSIC KARS, INC. Principal Place of Business Mailing Address 904 N. TAYLOR RD. P.O. BOX 462 SEFFNER FL 33584 SEFFNER FL 33584-0462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O BOX 21 59-2099331 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 24 ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CASKEY, LARRY W 121 RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purcose 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTS DELETE \_\_ Change Addition NAME CASKEY, LARRY W. 1.2 NAME 121 RIDGEWOOD AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - Z/P CITY-ST-ZIP DELETE TIT) F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 composition 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 cylanged or on an attachment with an address. SIGNATURE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

\_\_\_ Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP