

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REGISTRATION  
ANNUAL REPORT  
1995



SECRETARY OF STATE  
Leola B. Martin  
Tallahassee, Florida  
32399-0001

APPROVED  
AND  
FILED

MAY - 1 AM 9:15

DOCUMENT # **F35965** (5)

THE COACHWORKS-CLASSIC CARS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1401 NW 53 AVENUE  
P.O. BOX 1186  
GAINESVILLE FL 32605

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P.O. BOX 1186  
GAINESVILLE FL 32605

2. Principal Office Address	2a. Mailing Address	3. Date incorporated or organized	3a. Date of last report
21. State Agent Name	26. State Agent Name	59-2136259	05/01/1994
22. State Agent Address	27. State Agent Address	5. Certificate of Status (Annual) <input type="checkbox"/>	\$8.75 Additional Fee Required
23. State Agent Phone	28. State Agent Phone	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. State Agent Fax	29. State Agent Fax	8. This corporation has liability for enforceable tax under S. 199(1)(c) Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIMMERMAN, PAUL A 1806 NW 38 DRIVE GAINESVILLE FL 32605	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City
	FL 85. Zip Code

11. The report of this corporation was prepared, signed, and filed with the Florida Statutes. The officer named "corporation" signifies that he/she acted for the corporation of the principal office registered in the State of Florida. Such change was authorized by the corporation's board of directors. Identify and print the address of a registered agent. Attach herewith a copy of the certificate of incorporation of this Florida Statute.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. AGENTS OR CLERKS TO DIRECTOR AND OFFICERS
1. NAME ZIMMERMAN, PAUL A 1806 NW 38TH DR GAINESVILLE FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME
	11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it fully complies with the provisions stated in Section 199(1)(c), Florida Statute. 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. This information is the responsibility of the corporation or the officers or directors responsible for its content. This report is prepared by a computer of the Florida Statutes and that my name appears in Block 12 or Block 13 of the report as an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF BRIDGING OFFICER OR DIRECTOR  
Paul A. Zimmerman

5-2-95 904-376-0660