FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F35965** **(5)**

1. Corporation Name

THE COACHWORKS-CLASSIC CARS, INC.

Principal Place of Business	Mailing Address
1401 NW 53 AVENUE **P.O. BOX 1186** **GAINESVILLE FL 32606**	**1401 NW 53 AVENUE** **P.O. BOX 1186** **GAINESVILLE FL 32606**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

3. Date Incorporated or Qualified: **05/21/1981**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2136259** ☐ 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

9. Name and Address of Current Registered Agent

ZIMMERMAN, PAUL A
1806 NW 38 DRIVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 617.1005, 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 607.325, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, PAUL A	32 NAME	
STREET ADDRESS	1806 NW 38TH DR	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
TITLE	☐ DELETE	71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, complete and 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 added, by an attachment with an asterisk.

SIGNATURE: _____ 7-15-96 352-376-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (12/95)