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Mailing Address

2155 J & C BLVD.

NAPLES FL 33963

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G73249 1. Corporation Name

Principal Place of Business

2155 J & C BLVD.

NAPLES FL 33963

CLASSIC CARS OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/12/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2181503 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intampible □No Personal Property Tax. **∄**∏Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KIBSGARD, L S Street Address (P.O. Box Number is Not Acceptable) 143 MYRTLE RD NAPLES FL 83 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 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requ DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE KIBSGARD, L. S NAME 143 MYRTLE RD 1.3 STREET ADDRESS STREET ADDRESS NAPLES, FL 00000 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIE Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITI: ST-ZIF DELETE 6 1 TITLE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADORESS ----- AUDRESS 6.4 CITY-ST-ZIP ··· ST-ZIE

Third does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. is. I hereby certify that the information supplied indicated on this annual report or supplemental

- NATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR