

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

FILED

Mar 10 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 # **K68549** (0)

1. Corporation Name
CLASSIC CHEVY CLUB INTERNATIONAL, INC.

Principal Place of Business
**8235 N. ORANGE BLOSSOM TR.
P.O. BOX 607188
ORLANDO FL 32810-9680**

Mailing Address
**8235 N. ORANGE BLOSSOM TR.
P.O. BOX 607188
ORLANDO FL 32810-2860**



2. Principal Place of Business

21 **8235 N. Orange Blossom Tr.**

Suite, Apt. #, etc.

22

City & State

23 **Orlando, FL**

Zip

24 **32810**

Country

25

2a. Mailing Address

26 **P.O. Box 607188**

Suite, Apt. #, etc.

27

City & State

28 **Orlando, FL**

Zip

29 **32860**

Country

30

3. Date Incorporated or Qualified

02/24/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT APPLICABLE

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

**CLARK, DENNIS
8235 N. ORANGE BLOSSOM TR.
ORLANDO FL 32810**

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 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 of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **DETLAFF, PAUL**
STREET ADDRESS **8235 N. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE **CD** ☐ DELETE

NAME **CLARK, DENNIS**
STREET ADDRESS **8235 N. ORANGE BLOSSOM**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **WINN, JOHN**
STREET ADDRESS **8235 N ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☐ DELETE

NAME **WHITAKER, JOE**
STREET ADDRESS **8235 N ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE

NAME **BRUCE, JAMES A**
STREET ADDRESS **8235 N. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002108555
-03/10/97--01081--041
*****165.00**

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)