FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43705 (5)

1. Corporation Name
CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
BOX 948069 MAITLAND FL 32794-8069 US	BOX 948069 MAITLAND FL 32794-8069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3023292 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CAVENDER, JIM
554 TREASURE DR
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: IAN JOHNSTON
82 Street Address (P.O. Box Number is Not Acceptable): 3141 TIMUCUA CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32837

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] 4/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	LEPORTE, CHRIS	1.2 NAME		
STREET ADDRESS	1168 PARK DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	CAVENDER, JIM	2.2 NAME	IAN JOHNSTON	
STREET ADDRESS	554 TREASURE DR	2.3 STREET ADDRESS	3141 TIMUCUA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	KELIHER, JIM	3.2 NAME	Allan Albee	
STREET ADDRESS	6970 KNIGHTSWOOD DR.	3.3 STREET ADDRESS	720 N. Forsyth Rd.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Fl 32807	
TITLE	DS	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	MONTPLAISIR, DON	4.2 NAME	Cavender, Jimmy R II	
STREET ADDRESS	340 LA PAZ DRIVE	4.3 STREET ADDRESS	613 Constitution Dr.	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jimmy R. Cavender II 4/18/95 407/657-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #