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CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P36642 (7)

1. Corporation Name
CLASSIC CUSTOM COACHES, INC.

Principal Place of Business	Mailing Address
HIGHWAY 72 EAST COLBERT GA 30628 US	1904 COGSWELL AVENUE PELL CITY AL 35125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business
21 HIGHWAY 72 EAST
22 Suite, Apt. #, etc
23 City & State: COLBERT, GA.
24 Zip: 30628
25 Country: MADISON

2a. Mailing Address
26 PO BOX 219
27 Suite, Apt. #, etc
28 City & State: COLBERT, GA.
29 Zip: 30628
30 Country: MADISON

4. FEI Number: 63-0979977 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301

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 (Typed or printed name of registered agent and title if an officer) (If new Registered Agent) (Signature required when changing agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CHARLES E.	12 NAME	
STREET ADDRESS	100 VIEW POINT CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	PELL CITY AL	14 CITY ST ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CHARLES E	22 NAME	
STREET ADDRESS	100 VIEW POINT CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	PELL CITY AL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CHARLES E	32 NAME	
STREET ADDRESS	100 VIEW POINT CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	PELL CITY AL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully 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 607, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or added, or an attachment with this information.

SIGNATURE: Charles E. Fletcher president 5/1/95 706-543-6887
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (DATE) (Daytime Phone #)

0407332 FN