SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093557 (4)**

1. Corporation Name

CLASSIC AUTO INTERIORS & ACCESSORIES, INC.

Principal Place of Business	Mailing Address
4204 NORTH NEBRASKA AVE. TAMPA FL 33603	4204 NORTH NEBRASKA AVE. TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business 21 4901 North Armenia Avenue	2a. Mailing Address 26 4901 North Armenia Avenue
Suite, Apt. #, etc. 22 n/a	Suite, Apt. #, etc. 27 n/a
City & State 23 Tampa, FL.	City & State 28 Tampa, FL.
Zip / Country 24 33603 / 25 Hills.	Zip / Country 29 33603 / 30 Hills.

4. FEI Number: 59-3289278 ☐ 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

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Joseph R. Fritz, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 4204 North Nebraska Avenue
83
84 City: Tampa, FL 85 Zip Code: 33603

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: Joseph R. Fritz, Esquire — 6/23/95
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent's signature required where indicated) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	HICKMAN, JOYCE A	12 NAME	FRITZ, JOSEPH R.	
STREET ADDRESS	4204 N. NEBRASKA AVE.	13 STREET ADDRESS	4204 NORTH NEBRASKA AVENU	
CITY ST ZIP	TAMPA FL 33603	14 CITY ST ZIP	TAMPA, FL. 33603	
TITLE		21 TITLE	D	☒ Change ☐ Addition
NAME		22 NAME	CHAVARRIA, MERRY JO	
STREET ADDRESS		23 STREET ADDRESS	4204 NORTH NEBRASKA AVENUE	
CITY ST ZIP		24 CITY ST ZIP	TAMPA, FL. 33603	
TITLE		31 TITLE	PRESIDENT, S/T	☒ Change ☐ Addition
NAME		32 NAME	JACKSON, JOHN L.	
STREET ADDRESS		33 STREET ADDRESS	4901 NORTH ARMENIA AVENUE	
CITY ST ZIP		34 CITY ST ZIP	TAMPA, FL. 33603	
TITLE		41 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME		42 NAME	HICKMAN, JOYCE A.	
STREET ADDRESS		43 STREET ADDRESS	4901 NORTH ARMENIA AVENUE	
CITY ST ZIP		44 CITY ST ZIP	TAMPA, FL. 33603	
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		

7/27

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN L. JACKSON, President — 6/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #

0184273 FP