

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 MAY 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000025038  
1. Corporation Name  
**CLASSIC CARGO OF PENSACOLA, INC.**

Principal Place of Business Mailing Address  
**9755 Hwy--98-W-- Destin, FL--32541 change** **9755-Hwy--98-W-- Destin, FL--32541 change**

**00002894796--2**  
**-06/04/99--01028--001**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
**21 5100 N 9th Ave.** **26 5100 N. 9th Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 Cordova Mall** **27 Cordova Mall**  
City & State City & State  
**23 Pensacola FL** **28 Pensacola FL**  
Zip Country Zip Country  
**24 32504** **25 U.S.** **29 32504** **30 U.S.**

3. Date Incorporated or Qualified **03/20/1997**  
4. FEI Number  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 owes the current year Intangible Personal Property Tax  Yes  No  
10. Name and Address of New Registered Agent

**81 Name** **Martha E. Kilpatrick**  
**82 Street Address (P.O. Box Number is Not Acceptable)** **9755 Hwy. 98 W.**  
**83**  
**84 City** **Destin** **85 Zip Code** **FL 32541**

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 *Martha E. Kilpatrick*  
Signature typed or printed name of registered agent and title, if applicable (Not Required Agent signature required when reinstating)

**5-19-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Kilpatrick, Martha E</b>	
STREET ADDRESS	<b>116 Newman Drive</b>	
CITY-ST-ZIP	<b>Destin, FL 32541</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P,T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Ponder, Melvin P</b>	
13 STREET ADDRESS	<b>179 Bonaire Blvd</b>	
14 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
21 TITLE	<b>VP,S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Ponder, Mona L</b>	
23 STREET ADDRESS	<b>179 Bonaire Blvd</b>	
24 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *Mona L Ponder* **Mona L. Ponder** **5/19/99** **850-837-8171**

CR2E034 (11/98)

# CLASSIC CARGO

May 19, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a revised Annual Report with corrections concerning new officers along with a check in the amount of \$61.25 for filing fees. Please make the necessary changes to your records to reflect such changes. If you have any questions, contact me at (850) 837-8171.

Sincerely,



Mona L. Ponder  
Vice President, Classic Cargo of Pensacola, Inc.