

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 10:28

DOCUMENT # F88608

(7)

1. Corporation Name

KLASSIC INTERIOR KONSTRUCTION, INC.

Principal Place of Business

**3120 39TH AVENUE, NORTH
ST PETERSBURG FL 33714**

Mailing Address

**3120 39TH AVENUE, NORTH
ST PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1982

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2193411

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LYKE, VIRGINIA W
6807 GEORGE LYNCH DR NORTH
ST. PETERSBURG FL 33702**

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

LYKE, VIRGINIA W

STREET ADDRESS

6807 GEORGE LYNCH DR N

CITY-ST-ZIP

ST PETERSBURG, FL 0

TITLE

VP

NAME

LYKE, ROGER

STREET ADDRESS

3245 25TH STREET, NORTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

S

NAME

BECK, MARTIN

STREET ADDRESS

3120A 54TH AVE N

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

T

NAME

LYKE, CLARENCE

STREET ADDRESS

6807 GEORGE LYNCH DR N

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

ST PETERSBURG, FL 33702

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33713

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33714

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33702

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

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 110.07(3)(k), 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 registered agent or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or (Block 13) changed, upon an attachment with an address.

SIGNATURE: *Virginia W. Lyke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1995 (813) 5263811
Date (Type or Print Name)