


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35830 (1)**  
 1. Corporation Name  
**GTE CLASSIC ASSOCIATION, INC.**



Principal Place of Business <b>16002 N. DALE MABRY 2ND FLOOR TAMPA FL 33618</b>	Mailing Address <b>%CHARLES BAGBY 201 E. KENNEDY BLVD., SUITE 1200 TAMPA FL 33602</b>
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3. Date Incorporated or Qualified <b>12/27/1989</b>	
4. FEI Number <b>59-3151363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BAGBY, CHARLES**  
**201 E. KENNEDY BLVD.**  
**SUITE 1200**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, JAMES</b>	1.2 NAME	<b>BETTY CASTOR</b>
STREET ADDRESS	<b>P.O. BOX 110, FLTC 0605 N/A</b>	1.3 STREET ADDRESS	<b>4202 EAST FOWLER AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33620</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REEVES, ALLEN</b>	2.2 NAME	<b>JACK CRITCHFIELD</b>
STREET ADDRESS	<b>11333 N FLORIDA AVE</b>	2.3 STREET ADDRESS	<b>P.O. BOX 33042 --(N/A)</b>
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33733</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAGBY, CHARLES</b>	3.2 NAME	<b>SKIP DAVIS</b>
STREET ADDRESS	<b>201 E. KENNEDY BLVD., SUITE 1200</b>	3.3 STREET ADDRESS	<b>738 DOWNS AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	3.4 CITY-ST-ZIP	<b>TAMPA, FL 33617</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAKS, PETE</b>	4.2 NAME	<b>MIKE HARIMAN</b>
STREET ADDRESS	<b>P.O. BOX 110, FLTC 0100 N/A</b>	4.3 STREET ADDRESS	<b>600 N. WESTSHORE BLVD., SUITE 900</b>
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	4.4 CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURROWS, MARILYN</b>	5.2 NAME	<b>PAUL KING</b>
STREET ADDRESS	<b>P O BOX 110, FLTC 0788 N/A</b>	5.3 STREET ADDRESS	<b>12271 97TH AVENUE N.</b>
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	5.4 CITY-ST-ZIP	<b>SEMINOLE, FL 34642</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, BOB</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 110, FLTC N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	6.4 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)(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: Charles L. Bagby **CHARLES L. BAGBY** Date: 1/14/98

CFR2E037 (10/97)