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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 538667

CLASSIC CONSTRUCTION & SHEET METAL, INC.

Principal Mace	e of Business	Mailing Address				* 133.41 67.56 77.01 (67.65 67.50 67.11 56.1 67.57 67.57 67.57 67.57 67.57 67.57			
4925 S.W. 47TI Gainesville F		4925 S.W. 47TH ST. Gainesville FL 32808-4805							
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1977 07/19/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	-L		pplied For
21		26				59-1745351		N	ot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Statos Desired	سا	Fee P	equired
City & State	9	City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation has liability for in		_	s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes  Yes  No					
		·····		31	Name	10. Name and Address of New Reg	jistered /	gent	
LAURAMOORE, DIANNE CARLSON				"	Name				
	B NW 18TH WAY		82 Street Add		Street Addr	ress (P.O. Box Number is Not Acceptab	le)	<del></del>	
GAII	NESVILLE FL 32605		-		<del></del>			<del></del>	
				33					
			8	34	City		<del></del>	<b>85</b> Zip	Code
44.6	007.01	00 007 4500 File (1- 0					FL		
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by '	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of t the app	cnanging sintment a	ns registered s registered
SIGNATURE									
	Signetise typical regions of none of registered ag			Agen	it signature requir	red when reinstating)	DATE		<del></del>
12.		CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	☐ DELETE	1.5 TITL					Change	Addition
NAMÉ	LAURAMOORE, ROBERT		1.2 NAM						
STREET ADDRESS	4925 S W 47TH ST		1.3 \$TR	EET A	ADDRESS				
CITY-S1-ZIP	GAINESVILLE FL	T of the	1.4 CITY		- ZIP			<del>-</del>	
TITLE	STD	DELETE	2.1 71766					L Change	Addition
NAME	LAURAMOORE, DIANNE		2.2 NAM						
STREET ADDRESS	2516 NW 18TH WAY		2.3 \$TR	EET A	ADDRESS				
CITY - S1 - ZIP				2. 4 CITY-ST-ZIP		1.	·· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 1 4 1500
TITLE	VD DELETE			3.1 TITLE			-	L Change	Addition
NAME	LAURAMOORE, ROBIN D		3.2 NAN	_					
STREET ADDRESS	1000 N W 91ST AVE				ADDRESS				
CITY-ST-ZIP				3.4 CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE								Change	Addition
NAMÉ Amelia anno co			4. 2 NAI						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL		- ZIP			Change	Addition
NAME		L DECCIE	5.2 NAM					unange	Augituli
STREET ADDRESS					ADDRESS				
						1			
CITY - ST - ZIP TITLE		DELETE	5.4 CITY 6.1 TITL		- ZIF			Change	Addition
NAME		First Officer	6.2 NAM					orange	Addition .
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CITY		•				
14. I do heret	by certify that the information supplie	ed with this filing does not qualit	v for the e	xen	notion stated	d in Section 119.07(3)(i), Florida Statutes	. I further	certify tha	t the
informatio Lam an ol	n indicated on this annual report or	supplemental annual report is t or the receiver or trustee empow	rue and ac rered to ex	cour	rate and that	t my signature shall have the same legant as required by Chapter 607, Florida S	affect as	if made ur	nder oath: that

**SIGNATURE:** 

**FILED** 

Feb 03 1997 8:00am

Secretary of State