FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:03

DOCUMENT # 767712 (3)

1. Corporation Name
SUNSHINE STATE CLASSICS, INC.

Principal Place of Business	Mailing Address
BOX 574376 ORLANDO FL 32857-4376	BOX 574376 ORLANDO FL 32857-4376

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1983
3a. Date of Last Report: 03/25/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAUGH, WILLIAM W.
1505 CARDINAL ST.
LONGWOOD FL 32750

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 William W. Paugh TREASURER 16 MAR 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT P/D	☒ Change ☐ Addition
NAME	PALMER, THOMAS	1.2 NAME	Bond, Dewey	
STREET ADDRESS	309 BENTWAY LANE	1.3 STREET ADDRESS	1355 Bennett Drive	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	Longwood, FL.	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, BRADLEY	2.2 NAME		
STREET ADDRESS	120 N. SPRING LAKE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SECRETARY S/D	☒ Change ☐ Addition
NAME	PATRICIA, DUNKIN	3.2 NAME	Thomas Palmer	
STREET ADDRESS	1504 OVERLAKE AVE.	3.3 STREET ADDRESS	309 Bentway Lane	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Lake Mary, FL. 32746	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	PAUGH, WILLIAM W.	4.2 NAME		
STREET ADDRESS	1505 CARDINAL ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: William W. Paugh 16 MAR 95 407-831-6752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034870