

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004320 (6)

1. Corporation Name

CLASSY COVERUPS, INC.



Principal Place of Business

1204 E PASS RD  
GULFPORT MS 39507

Mailing Address

1204 E PASS RD  
GULFPORT MS 39507

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

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

25

29

30

4. FEI Number

64-0780713

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRISH, WILLIAM F JR  
1201 N LME AVE  
SARASOTA FL 34237

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	RYLAND, PEGGY	
STREET ADDRESS	911 2ND ST	
CITY - ST - ZIP	GULFPORT MS 39501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYLAND, CHARLES G	
STREET ADDRESS	3015 MESA DR	
CITY - ST - ZIP	HATTIESBURG MS 39402	
TITLE	DCT	<input type="checkbox"/> DELETE
NAME	RYLAND, CHARLES W	
STREET ADDRESS	911 2ND ST	
CITY - ST - ZIP	GULFPORT MS 39501	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RYLAND, MARK W	
STREET ADDRESS	1605 HARDY ST	
CITY - ST - ZIP	HATTIESBURG MS 39401	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ACHEE, JENNIFER R	
STREET ADDRESS	4459 KENDALL CIR	
CITY - ST - ZIP	GULFPORT MS 39507	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORTH, LESLIE R	
STREET ADDRESS	2307 BROADMOOR PL	
CITY - ST - ZIP	GULFPORT MS 39501	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1878 E. NINE MILE RD. # 1102
4.4 CITY - ST - ZIP	PENSACOLA, FL 32514
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1996

Date

601-896-9498

Daytime Phone #

CR2E034 (12/95)