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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90205 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004320

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23
Zip Country

City & State

28
Zip Country

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
DCP
NAME
RYLAND, PEGGY
STREET ADDRESS
911 2ND ST
CITY-ST-ZIP
GULFPORT MS 39501

TITLE
D
NAME
RYLAND, CHARLES G
STREET ADDRESS
3015 MESA DR
CITY-ST-ZIP
HATTIESBURG MS 39402

TITLE
DCT
NAME
RYLAND, CHARLES W
STREET ADDRESS
911 2ND ST
CITY-ST-ZIP
GULFPORT MS 39501

TITLE
DS
NAME
ACHEE, JENNIFER R
STREET ADDRESS
4459 KENDALL CIR
CITY-ST-ZIP
GULFPORT MS 39507

TITLE
D
NAME
NORTH, LESLIE R
STREET ADDRESS
2307 BROADMOOR PL
CITY-ST-ZIP
GULFPORT MS 39501

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

DIRECTOR
MARK W. RYLAND
106 SOUTHERN HILLS DR
HATTIESBURG, MS 39401

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 **228-896-9498**
Date Daytime Phone #

CR2E034 (1/1/98)