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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90046 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000003378**

1. Corporation Name
CLASSIC ACQUISITION SUB, INC.



Principal Place of Business: SIX CADILLAC DRIVE, SUITE 400 BRENTWOOD TN 37027
 Mailing Address: SIX CADILLAC DRIVE, SUITE 400 BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1998**
 4. FEI Number: **APPLIED FOR 62-1749238**
 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 (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PVD <input type="checkbox"/> DELETE
NAME	SIELBECK, ALAN R
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	V <input type="checkbox"/> DELETE
NAME	LADERMAN, LOU N
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	V <input type="checkbox"/> DELETE
NAME	TAYLOR, ALFRED W III
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHOFIELD, ANTHONY M
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	AS <input type="checkbox"/> DELETE
NAME	TRIPLETT, C. E
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIELBECK, ALAN R.
1.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400
1.4 CITY-ST-ZIP	BRENTWOOD, TN 37027
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ALMOND, BILL
6.3 STREET ADDRESS	1828 N. NOVA ROAD
6.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32117

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: *Bill Almond* **Bill Almond** 2-5-99 904-677-7357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)