

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

**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 APR -4 PM 7:18

DOCUMENT # G12953 (7)

1. Corporation Name

CLASSIC BUILDERS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**HWY 30A
SEAGROVE BEACH FL 32549
US**

**P O BOX 554
SUNNYSIDE FL 32461
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/13/1982	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2259873	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. 109.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNYON, LYNN
103 HOMBRE CIRCLE
PANAMA CITY BEACH FL 32407**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 101 Golf Drive	FL 32411
83	
84 City	

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	☒ Change ☐ Addition
NAME	MUNYON, LYNN	1. 2 NAME	
STREET ADDRESS	103 HOMBRE CIRCLE	1. 3 STREET ADDRESS	101 Golf Drive
CITY - ST - ZIP	PANAMA CITY BEACH FL 32407	1. 4 CITY - ST - ZIP	Panama City Beach, FL 32411
TITLE		2. 1 TITLE	☐ Change ☐ Addition
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 CITY - ST - ZIP	
TITLE		3. 1 TITLE	☐ Change ☒ Addition
NAME		3. 2 NAME	V
STREET ADDRESS		3. 3 STREET ADDRESS	James A. Monroe, Jr.
CITY - ST - ZIP		3. 4 CITY - ST - ZIP	622 Amberjack Drive
TITLE		4. 1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.95

904.231-1440

(Date)

(Telephone/Fax #)