

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H19244 (3)

1. Corporation Name
CLASSIC RESTAURANTS OF SARASOTA, INC.



Principal Place of Business Mailing Address
% ROBERT F. HENSHAW, JR., ESQ.
2531 E MILMAR DR
SARASOTA FL 34237

3. Date Incorporated or Qualified **08/31/1984** 3a. Date of Last Report **06/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 ~~2531 E MILMAR DR~~ 26 **2531 E MILMAR DR**

4. FEI Number **59-2438269** Applied For Not Applicable

Suite, Apt. #, etc. 27
22 **107 PARADISE PLAZA** **SARASOTA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 28
23 **SARASOTA FL** **FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **34239** Country 25 **SARASOTA** Zip 29 **34237** Country 30 **SARASOTA**

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

BANTOCK, JOHN
2531 EAST MILMAR DRIVE
SARASOTA FL 34237

81 Name **BANTOCK, JOHN**
82 Street Address (P.O. Box Number is Not Acceptable) **2531 E. MILMAR DRIVE**
83 **SARASOTA FL. 34237**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BANTOCK, JOHN | |
| STREET ADDRESS | 2531 E. MILMAR DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | BANTOCK, JOHN | |
| STREET ADDRESS | 2531 E. MILMAR DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BANTOCK, RICHARD | |
| STREET ADDRESS | 2531 E. MILMAR DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | BANTOCK, AUDRA | |
| STREET ADDRESS | 2531 E. MILMAR DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 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 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 | <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: *Richard Bantock* 4-26-96 941 954 0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)