

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

FILED

Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # H69263

1. Corporation Name

CLASSIC ACT, INC.

Principal Place of Business

8500 Heckscher Dr.
Jacksonville, FL
32226

Mailing Address

8500 Heckscher Dr.
Jacksonville, FL
32226

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David F. Woods
8500 Heckscher Dr.
Jacksonville, FL 32226

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 that of applicant

(If the Registered Agent's signature is printed, then transfer)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME Woods, David F.
STREET ADDRESS 4389 Fern Crk. Dr.
CITY-ST-ZIP Jacksonville, FL

☐ DELETE

TITLE PD
NAME Doherty, Edward P.
STREET ADDRESS 4105 Venetia Blvd.
CITY-ST-ZIP Jacksonville, FL

☐ DELETE

TITLE STD
NAME Sellers, Daniel C., Jr.
STREET ADDRESS 2617 Charlotte Oaks Dr.
CITY-ST-ZIP Mobile, AL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

184 River Oaks Dr.
Fernandina Bch., FL 32034

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100001786521
-04/19/96--01010--024
***200.00

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:

David F. Woods
David F. Woods

4/12/96

(904) 251-1512

CR2E034 (12/95)