

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J21107 (4)

1. Corporation Name  
RALPH THOMAS CLASSIC HOMES, INC.

Principal Place of Business  
36460 U.S. HIGHWAY 19 N  
PALM HARBOR FL 34684

Mailing Address  
36460 U. S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

QUARTETTI, RALPH  
36460 US 19 N  
PALM HARBOR FL 34684

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

TITLE PD  
NAME QUARTETTI, RALPH  
STREET ADDRESS 36460 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

TITLE VD  
NAME QUARTETTI, THOMAS  
STREET ADDRESS 36460 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

TITLE ST  
NAME ERIKA HUNTER  
STREET ADDRESS 36460 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition  
1.2  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 ☐ Change ☐ Addition  
2.2  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 ☐ Change ☐ Addition  
3.2  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 ☐ Change ☐ Addition  
4.2  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 ☐ Change ☐ Addition  
5.2  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 ☐ Change ☐ Addition  
6.2  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and 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:

3/16/98

813-789-8899

CR2E034 (10/97)