


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

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

07-05-2000 90878 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # J21107</b>					
1. Corporation Name <b>RALPH THOMAS CLASSIC HOMES, INC.</b>					
Principal Place of Business <b>36460 U.S. HIGHWAY 19 N PALM HARBOR FL 34684</b>			Mailing Address <b>36460 U. S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/25/1986</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
9. Name and Address of Current Registered Agent <b>QUARTETTI, RALPH 36460 US 19 N PALM HARBOR FL 34684</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			<b>FL</b>		

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

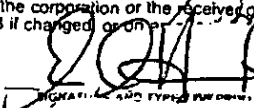
**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD QUARTETTI, RALPH 36460 U.S. HIGHWAY 19 NORTH PALM HARBOR FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARTETTI, RALPH	1.2 NAME	
STREET ADDRESS	36460 U.S. HIGHWAY 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD QUARTETTI, THOMAS 36460 U.S. HIGHWAY 19 NORTH PALM HARBOR FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARTETTI, THOMAS	2.2 NAME	
STREET ADDRESS	36460 U.S. HIGHWAY 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	ST ERIKA HUNTER 36460 U.S. HIGHWAY 19 NORTH PALM HARBOR FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKA HUNTER	3.2 NAME	
STREET ADDRESS	36460 U.S. HIGHWAY 19 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 the address, with all other like empowered.

SIGNATURE:

  
Erika D. Hunter, Secretary

5-1-00

(727)789-8899