SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** J78263 IRELAND CLASSIC, INC. Mailing Address Principal Place of Business 1524 HILL DR 1524 HILL DR LARGO FL 54646- 33770 LARGO FL 94648 33770 3a. Date of Last Report 3. Date Incorporated or Qualified 06/15/1987 04/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2816443 Not Applicable 26 21 \$8.75 Additional Suite, Apt. # etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199 032 Zip Country Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KELLY, GENE 1524 HILL DR 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34040- 33770 83 85 Zip Code 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 (NOTE: Projectional Agent signature required when reinstating) Signarure, typed or printed happered agent and both trapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 KELLY, GENE 1.2 NAME NAME 1524 HILL DR 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 33770 14 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_\_ Addition DELETE 2.1 BH F TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 City ST-ZIP CITY-ST-ZIP Change \_\_\_\_ Addition DELETE TITLE 3 1 11TLE ---3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TO LE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - Z-P CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIF CHY-ST-ZIP 900001920429:nge 🗆 Addition DELETE 6 1 TITLE THILE -08/13/96--01107--040 6.2 NAME NAME \*\*\*225.00 6.3 STREET ADDRESS STREET ADDRESS 64 City - ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(x). 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 617, Florida Statutes, and that the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and or on an attachment with an address

SIGNATURE:

8-4-94 8/3-584 2733