

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J80683 (2)

1. Corporation Name  
SOUTHERN CLASSIC PROMOTIONS, INC.

Principal Place of Business  
% DONNA MARIE JAKULSKI 160  
11457 SAN JOSE BLVD. STE 160  
JACKSONVILLE FL 32223  
US

Mailing Address  
% DONNA MARIE JAKULSKI  
11457 SAN JOSE BLVD. STE 160  
JACKSONVILLE FL 32223  
US

APPROVED  
AND  
FILED

97 JUL 30 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1987  
3a. Date of Last Report 03/11/1996

4. FEI Number 59-2832596  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$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 % Laura Burris  
Suite, Apt. #, etc. #104  
22 4313 Hwy. 17 South  
City & State Orange Park, FLA  
23 Zip 32073 Country USA  
24 32073 25 USA

2a. Mailing Address  
26 % Laura Burris  
Suite, Apt. #, etc. #104  
27 4313 Hwy. 17 South  
City & State Orange Park, FLA  
28 Zip 32073 Country USA  
29 32073 30 USA

9. Name and Address of Current Registered Agent

JAKULSKI, DONNA MARIE  
1248 CREEK BEND RD  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name Laura M. Burris  
82 Street Address (P.O. Box Number is Not Acceptable) 255 North Ridge Dr.  
83 Orange Park, FLA  
84 City FL 85 Zip Code 32073

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

7/23/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	JAKULSKI, DONNA MARIE	
STREET ADDRESS	1248 CREEK BEND RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BURRIS, LAURA MARGUERITE	
STREET ADDRESS	225 N. RIDGE DR.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donna Marie Jakulski	
1.3 STREET ADDRESS	12440 Eden Wilder Dr.	
1.4 CITY-ST-ZIP	Roswell, GA 30075	
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 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 an attachment with an address.

SIGNATURE

*[Signature]*

CR2E034 (4/97)