

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K49180 (8)

1. Corporation Name

CLASSY CHASSY OF BLANDING BOULEVARD, INC.

Principal Place of Business

Mailing Address

**7653 BLANDING BL (32244)
JACKSONVILLE FL 32244-5111**

**7653 BLANDING BL (32244)
JACKSONVILLE FL 32244-5111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1988

3a. Date of Last Report

06/15/1994

4. FBI Number

59-2920342

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 has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 54074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

JACKSONVILLE FL

23

28

Zip

Country

Zip

Country

24

25

29

32245

30

DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRABTREE, R.R.
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256**

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 when the if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	ASHTON, JEFFREY J.
STREET ADDRESS	2657 KERSEY CT.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	ASHTON, R. S.
STREET ADDRESS	10439 INLET DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	ASHTON, MELISSA A
STREET ADDRESS	2657 KERSEY
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashton President

4/4/95

904 771 0228