

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K49180 (8)

1. Corporation Name

CLASSY CHASSY OF BLANDING BOULEVARD, INC.



Principal Place of Business

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

Mailing Address

**P O BOX 54074
JACKSONVILLE FL 32245
US**

2. Principal Place of Business

21 6531- B BLANDING BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 54074

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 32244

Country

27 City & State

28 Jacksonville, FL

29 32245

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/05/1988

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2920342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

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 fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** [] DELETE
NAME **ASHTON, JEFFREY J.**
STREET ADDRESS **2657 KERSEY CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** [] DELETE
NAME **ASHTON, R. S.**
STREET ADDRESS **10439 INLET DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** [] DELETE
NAME **ASHTON, MELISSA A**
STREET ADDRESS **2657 KERSEY**
CITY-ST-ZIP **JACKSONVILLE FL**

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 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

Date

Daytime Phone #

CR2E034 (12/95)