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 # L65753 (0)

1. Corporation Name
SOUTHERN CLASSIC DEVELOPMENT, INC.

Principal Place of Business
C/O RAYMOND R. BRADICK
3524 HOLLIDAY AVE.
APOPKA FL 32703

Mailing Address
C/O RAYMOND R. BRADICK
3524 HOLLIDAY AVE.
APOPKA FL 32703

3. Date Incorporated or Qualified: 04/11/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 317 BRANTLEY CLUB PL
Suite, Apt. #, etc.
22
City & State
23 Longwood, Florida
Zip 24 32779 Country 25 U.S.

2a. Mailing Address
26 317 BRANTLEY CLUB PL
Suite, Apt. #, etc.
27
City & State
28 Longwood, Florida
Zip 29 32779 Country 30 U.S.

4. FEI Number: 59-3002508 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERONTI, MICHAEL J.
317 BRANTLEY CLUB PLACE
LONGWOOD FL 32779

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] DATE 2/24/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRADICK, RAYMOND R.	
STREET ADDRESS	3524 HOLLIDAY AVE.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	☐ DELETE
NAME	PERONTI, MICHAEL J.	
STREET ADDRESS	317 BRANTLEY CLUB PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	☐ DELETE
NAME	CHRISTIANSEN, ROBERT	
STREET ADDRESS	2018 HIDDEN PINE LANE	
CITY-ST-ZIP	APOPKA, FL 32712	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96
Date

407-788-0832
Daytime Phone #

CR2E034 (12/95)