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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L73351 (3)

1. Corporation Name  
CLASSIC CONTRACTORS UNLIMITED, INC.

Principal Place of Business

1214 NELA AVE  
ORLANDO FL 32809

Mailing Address

1214 NELA AVE  
ORLANDO FL 32809-6118

3. Date Incorporated or Qualified  
05/16/1990

3a. Date of Last Report  
04/10/1996

4. FEI Number  
59-3014253

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

2. Principal Place of Business

21 1214 Nela Ave.  
Suite Apt. # etc.

2a. Mailing Address

26 1214 Nela Ave.  
Suite Apt. #, etc.

22 Orlando, FL  
City & State

27 Orlando, FL  
City & State

23 32809 Orange  
Zip Country

28 32809 Orange  
Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

HACKETT, ALAN E  
1214 NELA AVE  
ORLANDO FL 32809

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

*Alan E. Hackett*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HACKETT, ALAN E	
STREET ADDRESS	1214 NELA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HACKETT, MELISSA ANN	
STREET ADDRESS	1214 NELA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HACKETT, ALFRED E	
STREET ADDRESS	1214 NELA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HACKETT, RICHARD A	
STREET ADDRESS	1214 NELA AVE	
CITY - ST - ZIP	ORLANDO FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: *Alan E. Hackett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2497 507-857-9441  
Date Daytime Phone

CR2E034 (9/96)