

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 # L78800 (4)

1. Corporation Name

CLASSIC SQUARE, INC.



Principal Place of Business

300 S BAY STREET
P.O. BOX 954
BUNNELL FL 32110
US

Mailing Address

% ALCEO VIMINI
P.O. BOX 954
BUNNELL FL 32110

2. Principal Place of Business

21 300-310 S Bay St

2a. Mailing Address

26 P O Box 535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bunnell FL

City & State

28 Hagler Beach FL

Zip

24 32110

Country

25 Hagler

Zip

29 32136

Country

30 Hagler

9. Name and Address of Current Registered Agent

VIMINI, ALCEO
300 S. BAY ST.
P O BOX 954
BUNNELL FL 32110

3. Date Incorporated or Qualified

06/08/1990

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3033324

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2404 S. Hagler Ave

83 P O Box 535

84 City Hagler Beach

FL

85 Zip Code

32136

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 substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME VIMINI, ALCEO
STREET ADDRESS 300 S. BAY ST.
CITY-ST-ZIP BUNNELL FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME VIMINI, BARBARA
STREET ADDRESS 300 S BAY ST
CITY-ST-ZIP BUNNELL FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

Alceo Vimini
Alceo Vimini

4/30/96 904-439-0665
Date Daytime Phone #

CR2E034 (12/95)