FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:24

DOCUMENT # N93000004249 (9)

1. Corporation Name
THE FLORIDA CLASSIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
334 SOUTH HYDE PARK AVENUE TAMPA FL 33606	334 SOUTH HYDE PARK AVENUE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3199147 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): 111 E. Madison Street
Suite, Apt. #, etc. (22): 31st Floor
City & State (23): Tampa, FL
Zip (24): 33602 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

MORRISON, ROBERT B JR.
334 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ANTHONY, OTIS R	1.2 NAME		
STREET ADDRESS	306 EAST JACKSON STREET	1.3 STREET ADDRESS	604 Fieldstone St.	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JAMES	2.2 NAME		
STREET ADDRESS	111 EAST MADISON STREET STE. 1010	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, ROBERT B JR.	3.2 NAME		
STREET ADDRESS	334 SOUTH HYDE PARK AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, WILLIAM R JR.	4.2 NAME		
STREET ADDRESS	777 S. HARBOUR ISLAND DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MATHEWS, Ray	5.2 NAME	MATHEWS, Ray	
STREET ADDRESS	15347 Amberly Drive	5.3 STREET ADDRESS	15347 Amberly Drive	
CITY-ST-ZIP	Tampa, FL 33647	5.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B Morrison Jr 3/15/95 813-251-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014097