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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000004904 (7) **DOCUMENT #**

CLASSY CHASSYS OF MARION COUNTY, INC.

Principal Place of Business Mailing Address 1506-8:E: 28TH COURT 1506-G.E. 26TH COURT OCALA FL 94471 OGALA FL 34471 3. Date Incorporated or Qualified 10/16/1995 3a. Date of Last Report NONE Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 10222 SW 7414 TERRACE 59-3356254 10222 SW 74th TERRICE 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution OCALA 28 23 8. This corporation has liability for intangible tax under s. 199.032, 3<u>4476</u> Countr Countr MARION Yes No Fiorida Statutes MARION 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MACQUARRIE, CHRISTOHER J 62 2303 S.E. 17TH STREET 83 SUITE 201 85 Zip Code OCALA FL 34471 84 City 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **I**GIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition 12. DELETE 11 TITLE RENAUD JAIME 6013 S.E. 2157 GT TITLE 1.2 NAME GERARDI, THERESA NAME 1506 S.E. 28TH COURT 1.3 STREET ADDRESS DENLAFE 34480 STREET ADDRESS 1.4 CITY-ST-ZIP **OCALA FL 34471** Addition CITY-ST-ZIP DELETE SKOURINSKY, STAN 2.1 TITLE TITLE 2.2 NAME 1407 S.E. 9H AVE **NULLETT, SUZIE** NAME 5560 S.E. 22ND PLACE 2.3 STREET ADDRESS OLALA FL 34471 STREET ADDRESS 2. 4 CITY - ST - ZIP **OCALA FL 34471** Addition CITY-ST-ZIP Change 3 1 TITLE D DELETE TITLE 3.2 NAME SKOVRONSKY, LISA NAME 3.3 STREET ADDRESS 1407 S.E. 9TH AVENUE STREET ADDRESS 3.4. CITY - ST - ZIP **OCALA FL 34471** Change [] Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4, 2 NAME PARKS, PHIL 74th YELRACE NAME 4.3 STREET ADDRESS 10222 S.W. 7TH TERRACE STREET ADDRESS OCALA FL 34476 4.4 CITY - ST - ZIP Addition CITY-ST-ZIP Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE -04/12/96--01082--016-12-96 ***61.25 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

IARKS

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). Fiorida 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. 3/5/96 352 873 1857

jr

CR2E037