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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004904 (7)**

1. Corporation Name

CLASSY CHASSYS OF MARION COUNTY, INC.

Principal Place of Business

6013 SE 21ST CT
OCALA FL 34480
US

Mailing Address

6013 SE 21ST CT
OCALA FL 34480
US

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

59-3356254

Applied For

Not Applicable

2. Principal Place of Business

21 6013 SE 21 CT

Suite, Apt. #, etc.

City & State

23 Ocala Fla

Zip

24 34480

Country

25 USA

2a. Mailing Address

26 6013 SE 21 CT

Suite, Apt. #, etc.

City & State

28 Ocala Fla

Zip

29 34480

Country

30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACQUARRIE, CHRISTOHER J
2303 S.E. 17TH STREET
SUITE 201
OCALA FL 34471

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 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.

SIGNATURE

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 **PD** ☐ DELETE
NAME **RENAUD, PAUL**
STREET ADDRESS **6013 S.E. 21ST CT.**
CITY-ST-ZIP **OCALA FL**

TITLE **VPD** ☒ DELETE
NAME **WELLER, CURTIS**
STREET ADDRESS **12731 NW 100TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE
NAME **JARDINE, MELANIE**
STREET ADDRESS **4265 SE 60TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ DELETE
NAME **BUTLER, ELLEN**
STREET ADDRESS **14535 NE 14TH ST RD**
CITY-ST-ZIP **SILVER SPRINGS FL**

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 **PD** ☐ Change ☐ Addition
1.2 NAME **PAUL Renaud**
1.3 STREET ADDRESS **6013 SE 21 CT**
1.4 CITY-ST-ZIP **OCALA, FL 34480**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Melanie Jardine**
2.3 STREET ADDRESS **4265 SE 60 ST**
2.4 CITY-ST-ZIP **OCALA FL 34480**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Terri Gerardi**
3.3 STREET ADDRESS **1506 SE 28 CT**
3.4 CITY-ST-ZIP **OCALA FL 34471**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **LISA SKOVRONSKY**
4.3 STREET ADDRESS **1407 SE 9TH AVE**
4.4 CITY-ST-ZIP **OCALA, FL 34471**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LISA SKOVRONSKY, TREASURER 1/12/98 352-622-7625

CR2E037 (10/97)