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Mar 24 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 # **P93000008032 (3)**

1. Corporation Name
CLASSIC FABRICS INC.



Principal Place of Business
**623 BEVILLE ROAD
DAYTONA BEACH FL 32119**

Mailing Address
**623 BEVILLE ROAD
DAYTONA BEACH FL 32119-1835**

3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 04/22/1996
4. FEI Number 59-3166223	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**HOLLEY, BARBARA K
623 BEVILLE ROAD
DAYTONA BEACH FL 32119**

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 607.0509 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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	HOLLEY, BARBARA K	1.2 NAME	
1.3 STREET ADDRESS	217 ARLINGTON AVENUE	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	
2.1 TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	HOLLEY, ROBERT M	2.2 NAME	
2.3 STREET ADDRESS	217 ARLINGTON AVENUE	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
3.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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: Barbara K. Holley Barbara K. Holley 3-17-97 904-322-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)