

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:23

DOCUMENT # P93000033628 (7)

1. Corporation Name

SOUTHERN CLASSIC COACH, INC.

Principal Place of Business

13511 GRANVILLE AVE
CLERMONT FL 34711-9628
US

Mailing Address

1651 LAMPLIGHTER WAY
ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3192843

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

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, KEITH D
1651 LAMPLIGHTER WAY
ORLANDO FL 32818

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:

(Signature typed in parentheses of registered agent, section 6, page 2)

(Signature typed in parentheses of registered agent, section 6, page 2)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROGERS, KEITH D
STREET ADDRESS	1651 LAMPLIGHTER WAY
CITY, ST, ZIP	ORLANDO FL 32818
TITLE	D
NAME	ROGERS, JULIE G
STREET ADDRESS	1651 LAMPLIGHTER WAY
CITY, ST, ZIP	ORLANDO FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am director or officer of the corporation or the owner or holder registered to exercise the right as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with an address.

SIGNATURE:

KEITH ROGERS

1/11/95

407/656-4244