

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058155 (1)

1. Corporation Name

J.C. CLASSICS, INC.

Principal Place of Business

12201 U. S. 19
BAYONET POINT FL 34667
US

Mailing Address

7651 MEDICAL DR.
HUDSON FL 34667



2. Principal Place of Business

21 12201 U.S. 19 Bayonet Point
Suite, Apt. #, etc.

22 City & State
Bayonet Point FL.

23 Zip Country
34667 USA

2a Mailing Address

26 12201 U.S. 19 Bayonet Point
Suite, Apt. #, etc. FL.

27 City & State
Bayonet Point FL.

28 Zip Country
34667 USA

9. Name and Address of Current Registered Agent

BELLONE, JACK D
7651 MEDICAL DR.
HUDSON FL 34667

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3199042

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

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent

Signature typed or printed name of new registered agent

Page

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BELLONE, JACK D	
STREET ADDRESS	7651 MEDICAL DR.	
CITY-STATE-ZIP	HUDSON FL 34667	
TITLE	D	☐ DELETE
NAME	DEEG, CHARLES III	
STREET ADDRESS	7651 MEDICAL DR.	
CITY-STATE-ZIP	HUDSON FL 34667	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Deeg III 4/26/96 8:13 869 7455

CR2E034 (12/95)