

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Montuori
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068073 (4)

1. Corporation Name

CLASSIE RE-PAK, INC.

Principal Place of Business

5424 ENKA HIGHWAY
MORRISTOWN TN 37814
US

Mailing Address

P.O. BOX 1787
BRADENTON FL 34206
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

05/01/1994

4. FFI Number

65-0450116

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

7. This corporation has complied for notifiable for under 2-100-000

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1750 GARDEN VILLAGE DR

2b. Mailing Address

25 Suite, Apt. #, etc.

22 A

27 City & State

23 White Pine TN

28 City & State

24 37890

25 Country

29 City & State

30 Country

9. Name and Address of Current Registered Agent

HARLOFF, ROGER W
8104 OAK DR.
ELLENTON FL 34222

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 607.0502 and 607.1504, 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 of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and is true and correct, and that my signature shall have the same legal effect as if made under oath. I am a director or officer of this corporation or the person or business assumed to execute this report as required by Chapter 607, Florida Statutes, and that my duties require me to sign and file this statement with an affidavit.

SIGNATURE:

Roger W. Harloff

Roger W. HARLOFF

813-779-3871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR