

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:06

DOCUMENT # P94000013747 (8)

1. Corporation Name

CLASSIC BUSINESS PRINTING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2338
LAKE WALES FL 33859-2368

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LAKE WALES FL 33859-2368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

4. FET Number

59-3226756

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.

25 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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81 Name
Kyle D. Sherman

82 Street Address (P.O. Box Number is Not Acceptable)
244 East Park Avenue

83

84 City
Lake Wales

FL

85 Zip Code
33853

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

Kyle D. Sherman

2/1/95

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME Anthony K. Mathewson
STREET ADDRESS 1191 South Lakeshore Blvd.
CITY-ST-ZIP Lake Wales, FL 33853

TITLE S/T/D
NAME Craig W. Benson
STREET ADDRESS 510 North Oak Avenue
CITY-ST-ZIP Bartow, FL 33830

TITLE D
NAME Robert M. Grimes,
STREET ADDRESS 807 Hillside Avenue
CITY-ST-ZIP Lake Wales, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 exercise this report as required by Chapter 1407, Florida Statutes, and that my name appears in Block 12 or 13. If the change of name or address is an addition, I am adding.

SIGNATURE:

Anthony K. Mathewson
Anthony K. Mathewson, President

(813) 678-1337