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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400013747 (8)
1. Corporation Nanie

CLASSIC BUSINESS PRINTING, INC.

Principal Place of Business Mailing Address P.O. BOX 2338 LAKE WALES FL 33859-2368 LAKE WALES FL 33859-2368 LAKE WALES FL 33859-2368						
LAKE WALES	FL 33859-2368	LAKE WALES FL 3385	59-2368			
				3. Date Incorporated or Qualified 02/18/1994	3a. Date of Las 02/16/1	t Report 1995
	ace of Business	2a. Mailing Address		4. FEt Number		Applied For
123 Suite. Apt. #	E. Stuart	Suite, Apt. #, etc.		59-3226756		Not Applicable
ļ <u></u>		27		5. Certificate of Status Desired	1 1 7 -	75 Additional se Required
City & State Lake		City & State		Election Campaign Financing	\$5	.00 May Be
Zip	Wales, FL Country	28 Zip	Country	Trust Fund Contribution	Ad	ded to Fees
⁽¹⁾ 3385	25 Courilry	21p	Country 30	This corporation has liability for in Florida Statutes	intangible tax under	rs 199.032,
	9. Name and Address of Curren	1 1	[30]	10. Name and Address of New R		
	= -, <u></u>		81 Name		Agrana	
SHERMA	IN, KYLE D .		82 Street A	Michael Butler Iddress (P.O. Box Number is Not Acceptable	(-)	
-244 E-P/	ARK-AVE		DE STORT M	244 E. Park Avenue	le)	
-FYKE-MA	ALES FL 99058		83			· · · · · · · · · · · · · · · · · · ·
			84 City			
				Lake Wales,	FL 85	Zip Code 33853
. Pursuant to	o the provisions of Sections 697.0502	and 607.1508, Florida Statu	tes, the above named cor	poration submits this statement for the purp	pose of changing if	ts registered office
or registere familiar with	ad agent, or both in the state of the c h, and accept the ligations of the cti	da. Such change was authori ion 137,050 Aprida Statute	zed by the corporation's b	poration submits this statement for the purpoper of directors. I hereby accept the appopriate of directors are statement for the purpoper of t	sintment as register	red agent. I am
	TVLI K.	Sull -	Mi.	chael Butler		1/96
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	Stylish are typed or ported hamic of registered agent.	and title if applicable (No	OTE: Registered Agent signature req		DATE DZ/U	1730
	OFFICERS AND	D DIRECTORS			DATE	
·	OFFICERS AND		IOTE: Registered Agent signature req	quired when reinstating?	DATE	TORS IN 12
F 1:	OFFICERS AND PD MATHEWSON, ANTHONY K.	D DIRECTORS	IOTE: Registered Agent signature req	quired when reinstating?	DATE ICERS AND DIREC	TORS IN 12
: EL ADDRESS	OFFICERS AND PD MATHEWSON, ANTHONY K. 1191 S LAKESHORE BLVD	D DIRECTORS	OTE: Registered Agent signature req	quired when reinstating?	DATE ICERS AND DIREC	TORS IN 12
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SIGNATURE: Anthony K. Mathewson, President 02/01/96 (941)678-1337

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