

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000032826 (7)**

1. Corporation Name
CLASSIC RIVER OAKS, INC.



Principal Place of Business Mailing Address
**7793 INDIAN TRAIL RD
SUITE 400
BROOKSVILLE FL 34613
US**
**30 N. RING AVE.
SUITE 400
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified **04/26/1994** 3a. Date of Last Report **03/08/1995**
4. FEI Number **59-3248438** 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 **7793 Indian Trail Rd** 26
Subt., Apt., E., etc.
22 City & State 27
Brooksville, FL 28
23 Zip Country 29
34613 25 **Hernando** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLIMIS, GEORGE N
30 N. RING AVE.
SUITE 400
TARPON SPRINGS FL 34689**

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent _____ Date Registered Agent Assumes Appointment _____
Signature _____ DATE _____
Signature of Officer or Director _____ Date Registered Agent Assumes Appointment _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, CHARLES		1.2 NAME		
STREET ADDRESS	7793 INDIAN TRAIL RD.		1.3 STREET ADDRESS		
CITY, ST, ZIP	BROOKSVILLE FL 34613		1.4 CITY, ST, ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, FRANKIE		2.2 NAME		
STREET ADDRESS	10401 NW 19TH PLACE		2.3 STREET ADDRESS		
CITY, ST, ZIP	OCALA FL		2.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 CITY, ST, 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)(k), 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 change I, or on an attachment with an address.

SIGNATURE: *Charles McKinney* 2/16/96 (352) 799-0879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)