SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

CO... ION
AN... PORT
1997

97-99AR

FILED
Jun 29 1999 8:00 am
Secretary of State

DOCUMENT # P94000066781 (3)

1. Corporation Name
CLASSIC BUILDING & ERECTING, INC.

REINSTATEMENT 97-99

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4404 GRADY AVE. NORTH TAMPA FL 33614	4404 GRADY AVE. NORTH TAMPA FL 33614

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business
21 12308 Marblehead Dr
Suite, Apt. #, etc
22
City & State: 23 Tpa FL
Zip: 24 33626 Country: 25 USA

2a. Mailing Address
26 PO Box 260758
Suite, Apt. #, etc
27
City & State: 28 Tpa FL
Zip: 29 33685 Country: 30 USA

4. FEI Number: 59-3267667 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TILLANDER, ROBERT
4404 N GRADY AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name: Robert Tillander
82 Street Address (P.O. Box Number is Not Acceptable): 12308 Marblehead Dr
83
84 City: Tpa FL 85 Zip Code: 33685

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: _____ DATE: 6/22/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required before entity filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	TILLANDER, ROBERT		1.2 NAME	Robert Tillander	
STREET ADDRESS	4404 GRADY AVE. NORTH		1.3 STREET ADDRESS	PO Box 260758	
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-ST-ZIP	Tpa FL 33685	
TITLE		☐ DELETE	2.1 TITLE	Vice Pres.	☐ Change ☑ Addition
NAME			2.2 NAME	Morag Tillander	
STREET ADDRESS			2.3 STREET ADDRESS	PO Box 260758	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Tpa FL 33685	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	900002921279--3	
STREET ADDRESS			4.3 STREET ADDRESS	-07/01799--01080--014	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***1050.00 ***1050.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6/30/99

SIGNATURE: _____ 6/22/99 813 8545149