

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 NOV 16 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P95000014981 (1)**

1. Corporation Name

CLASSIC FINANCIAL SYSTEMS, INC.

Principal Place of Business

1114 E TENNESSEE ST  
TALLAHASSEE FL 32308

Mailing Address

1114 E TENNESSEE ST  
TALLAHASSEE FL 32308

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

98

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

59-3297957

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

2. Principal Place of Business

21 **2851 Remington Green Circle**

Suite, Apt. #, etc.

22 **Suite C**

City & State

23 **Tallahassee, FL**

Zip

24 **32308**

Country

25 **USA**

2a. Mailing Address

26 **2851 Remington Green Circle**

Suite, Apt. #, etc.

27 **Suite C**

City & State

28 **Tallahassee, FL**

Zip

29 **32308**

Country

30 **USA**

9. Name and Address of Current Registered Agent

WADE, WILLIAM W  
1114 E TENNESSEE ST  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name **Jayant D. Karnik**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2851 Remington Green Circle**  
83 **Suite C**  
84 City **Tallahassee** **FL** 85 Zip Code **32308**

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 **Jayant D. Karnik**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Nov 13 - 98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KARNIK, JAYANT**  
STREET ADDRESS **1535 PAUL RUSSELL**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **D** ☐ DELETE

NAME **WADE, WILLIAM W**  
STREET ADDRESS **8112 BLUE QUILL TRL**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman** ☐ Change ☒ Addition

1.2 NAME **Charles Duggan**  
1.3 STREET ADDRESS **8847 Winged Foot Dr.**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32312**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: **Jayant D. Karnik**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-13-98**

Date

Daytime Phone #

**385-8484**

CR2E034 (5/98)