

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000051060 (8)**

1. Corporation Name

CLASSIC HARDSCAPES, INC.



Principal Place of Business

Mailing Address

**17001 PICKETTS COVE ROAD
ORLANDO FL 32820**

**17001 PICKETTS COVE ROAD
ORLANDO FL 32820**

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

4. File Number

59-3322047

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

10. Name and Address of New Registered Agent

**GILBERT, CHARLES PERRY
17001 PICKETTS COVE ROAD
ORLANDO FL 32820**

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 607.0502 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

Signature of the person authorized to execute this statement

DATE Registered Agent signature required (if not changing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------------|---------------------------------|
| 12.1 TITLE | D | <input type="checkbox"/> DELETE |
| 12.2 NAME | GILBERT, CHARLES PERRY | |
| 12.3 STREET ADDRESS | 17001 PICKETTS COVE ROAD | |
| 12.4 CITY - ST - ZIP | ORLANDO FL 32820 | |
| 12.5 TITLE | D | <input type="checkbox"/> DELETE |
| 12.6 NAME | GILBERT, PANSY WOOD | |
| 12.7 STREET ADDRESS | 17001 PICKETTS COVE ROAD | |
| 12.8 CITY - ST - ZIP | ORLANDO FL 32820 | |
| 12.9 TITLE | | <input type="checkbox"/> DELETE |
| 12.10 NAME | | |
| 12.11 STREET ADDRESS | | |
| 12.12 CITY - ST - ZIP | | |
| 12.13 TITLE | | <input type="checkbox"/> DELETE |
| 12.14 NAME | | |
| 12.15 STREET ADDRESS | | |
| 12.16 CITY - ST - ZIP | | |
| 12.17 TITLE | | <input type="checkbox"/> DELETE |
| 12.18 NAME | | |
| 12.19 STREET ADDRESS | | |
| 12.20 CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------------|---|
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY - ST - ZIP | |
| 13.5 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY - ST - ZIP | |
| 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY - ST - ZIP | |
| 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY - ST - ZIP | |
| 13.17 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME | |
| 13.19 STREET ADDRESS | |
| 13.20 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 changed, or on an attached report with an address.

SIGNATURE: *Charles P. Gilbert* **Mr. CHARLES P. Gilbert**

Jan 24, 1996

407-568-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)