

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065342 (4)

1. Corporation Name

PHILIP'S CLASS ACT, INC.



Principal Place of Business

Mailing Address

2113 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

2113 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 22 N Ft Harrison Rd.

26 22 N Ft. Harrison Rd.

4. FEI Number

59-3336416

Applied For
Not Applicable

Suite, Apt. # etc

Suite, Apt. # etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 34615

29 34615

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAVE, KARINNE
2113 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

81 Name

Joanne Lloyd

82 Street Address (P.O. Box Number is Not Acceptable)

1784 McCavley Rd.

83

84 City

Clearwater

FL

85 Zip Code

34625

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 607.0504, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to file this report and to accept appointment as registered agent.

Signature of Registered Agent (Signature required when agent is changed.)

8/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME NAVE, KARINNE
STREET ADDRESS 2113 GULF BLVD.
CITY - ST - ZIP INDIAN ROCKS BEACH FL 34635

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME

Joanne Lloyd
1784 McCavley Rd
Clearwater, FL 34625

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

500001923775

-08/16/96--01010--023

***375.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/96

613447-1817

CR2E034 (3/96)