

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90055 036 ***150.00

DOCUMENT # P98000085044

1. Corporation Name
CLASSIC SOUTH SALES, INC.

Principal Place of Business
119 E SONATA CIRCLE
PANAMA CITY BEACH FL 32413

Mailing Address
119 E SONATA CIRCLE
PANAMA CITY BEACH FL 32413



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

59-3534780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5234 Hwy 77

Suite, Apt. #, etc.

22

City & State

23 Chipley Florida

Zip

24 32428

Country

25 USA

2a. Mailing Address

26 119 E Sonata Circle

Suite, Apt. #, etc.

27

City & State

28 Panama City Beach FL

Zip

29 32413

Country

30 USA

9. Name and Address of Current Registered Agent

BARRON, DORMAN L
119 E SONATA CIRCLE
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name

Dorman L. Barron

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

119 E Sonata Circle

83

84 City

Panama City Beach

FL

85 Zip Code

32413

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

Dorman L. Barron

4-6-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Dorman L. Barron

STREET ADDRESS 119 E Sonata Circle

CITY-ST-ZIP Panama City Beach FL 32413

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Dorman L. Barron

1.3 STREET ADDRESS 119 E Sonata Circle

1.4 CITY-ST-ZIP Panama City Beach FL 32413

2.1 TITLE V. President ☐ Change ☐ Addition

2.2 NAME Ruben Bill Worley

2.3 STREET ADDRESS 3982 Creek Rd

2.4 CITY-ST-ZIP Vernon FL 32462

3.1 TITLE Paul S. Worley (Sec-Treasurer) ☒ Change ☐ Addition

3.2 NAME 2515 Pioneer Road

3.3 STREET ADDRESS Chipley FL 32428

4.1 TITLE Director ☒ Change ☐ Addition

4.2 NAME Brian D. Barron

4.3 STREET ADDRESS 6303 Pinetree

4.4 CITY-ST-ZIP Panama City Beach FL 32408

5.1 TITLE Director ☒ Change ☐ Addition

5.2 NAME Dorman Brooks Barron

5.3 STREET ADDRESS 119 E Sonata Circle

5.4 CITY-ST-ZIP Panama City Beach FL 32413

6.1 TITLE Director ☒ Change ☐ Addition

6.2 NAME Chad D. Barron

6.3 STREET ADDRESS 119 E Sonata Circle

6.4 CITY-ST-ZIP Panama City Beach FL 32413

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, with all other like empowered.

SIGNATURE: Dorman L. Barron REQUIRED

4-6-99

850 233-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0056997

CR2E034 (11/98)