

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**FILED**

1995 JUL 11 AM 10:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # S04807 (1)**

1. Corporation Name

**CLASSIC PROPERTIES OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

23 N. W. 33 COURT  
 GAINESVILLE FL 32607  
 US

23 NW 33RD CT  
 GAINESVILLE FL 32607  
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/05/1990**  
 3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business  
 21 2622 N.W. 43rd St.

2a. Mailing Address  
 26 P.O. Box 140015

4. FEI Number: **65-0223246**  
 Applied For:  Not Applicable

Suite, Apt. #, etc.: **A-3**

Suite, Apt. #, etc.:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **Gainesville, FL**

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6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip: Country:

Zip: **32614-0015** Country:

8. This corporation has liability for intangible tax under s. 169.032, Florida Statutes:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIAMBRONE, RICHARD  
 7915 S.W. 122TH ST.  
 GAINESVILLE FL 32608**

81 Name: **Richard Giambrone**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1439 N.W. 98 Terr.**  
 83  
 84 City: **Gainesville, FL** 85 Zip Code: **32606**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  
 NAME: **GIAMBRONE, RICHARD**  
 STREET ADDRESS: **7915 SW 122 ST**  
 CITY - ST - ZIP: **GAINESVILLE FL**

1.1 TITLE: **S/D**  Change  Addition  
 1.2 NAME: **Richard Giambrone**  
 1.3 STREET ADDRESS: **1439 N.W 98 Terr**  
 1.4 CITY - ST - ZIP: **Gainesville, FL 32606**

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

6.1 TITLE:  Change  Addition  
 6.2 NAME:  
 6.3 STREET ADDRESS:  
 6.4 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 110.07(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 attachment with an address.

SIGNATURE: *Richard Giambrone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 4 1995* *904372775*  
 Date Daytime Phone #

CR2E004 (3/95)