

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V06773** (8)

1. Corporation Name

CLASS NOTES, INC.



Principal Place of Business

1608 NW 1ST AVENUE
SUITE 201
GAINESVILLE FL 32603
US

Mailing Address

P.O. BOX 13265
GAINESVILLE FL 32604
US

NEW

3. Date Incorporated or Qualified
01/15/1992

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

304 Calibre Springs Way

Suite, Apt. #, etc.

27

City & State

28

Atlanta, GA

29

30342

Country

30

US

4. FEI Number
59-3101301

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANO, BRYAN
413 EAST MILLER STREET
SUITE 201
ORLANDO FL 32806

81

Name

BRYAN DELANO

82

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

304 Calibre Springs Way

83

1608 NW 1st Ave

84

City

Atlanta Gainesville

State

FL GA

85

Zip Code

32604

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

BRYAN DELANO
Signature, typed or printed name of registered agent and the filer (applicable)

BRYAN DELANO
(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **VC** ☐ DELETE
NAME **DELANO, BRYAN**
STREET ADDRESS **413 EAST MILLER STREET**
CITY - ST - ZIP **ORLANDO FL**

TITLE **M** ☒ DELETE
NAME **SIMS, CRAIG**
STREET ADDRESS **4251 SW 21ST PLACE APT F**
CITY - ST - ZIP **GAINESVILLE FL**

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 **Treasurer** ☐ Change ☒ Addition
1.2 NAME **Frederick Delano**
1.3 STREET ADDRESS **4142 Chickasaw Rd**
1.4 CITY - ST - ZIP **Memphis, TN 38117**

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 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 attachment with an address

SIGNATURE:

BRYAN DELANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

DATE

770.509.0556

Daytime Phone

CR2E034 (12/95)