FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21372** **(0)**

1. Corporation Name

THE CLASSICS OF TAMPA, INC.

Principal Place of Business	Mailing Address
3104 SAN ISIDRO #8 TAMPA FL 33629 US	3104 SAN ISIDRO #8 TAMPA FL 33629 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1992	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3114084	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FARRIOR, J. REX, JR.
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33811

10. Name and Address of New Registered Agent

81 Name: Mary Lee Farrior
82 Street Address (P.O. Box Number is Not Acceptable): 3112 Angeles st.
83
84 City: Tampa FL 85 Zip Code: 33629

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: Mary Lee Farrior (Signature required for printed name of registered agent and title of officer) (NOTE: Registered Agent signature required when reinstating) DATE: 3/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FARRIOR, MARY LEE	12 NAME	
STREET ADDRESS	3112 ANGELES ST	13 STREET ADDRESS	
CITY-ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, FRANCES P.	22 NAME	
STREET ADDRESS	2943 HABERSHAM RD, N.W.	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STARRETT, SARA JANE	32 NAME	
STREET ADDRESS	3104 SAN ISIDRO	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Mary Lee Farrior 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0301143 CP