

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081479

**Entity Name:** AMERICAN CLASSIC AGENCY, CORP.

**Current Principal Place of Business:**

7645 GATE PARKWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7645 GATE PARKWAY  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3756248

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324-2845 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CT CORPORATION SYSTEM

04/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            POLICASTRO, GERALD  
Address        7645 GATE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title            EX. VICE PRESIDENT  
Name            SIELICKI, RICHARD  
Address        7645 GATE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title            DIRECTOR  
Name            LESNICK, IRVING  
Address        7645 GATE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title            SR. VICE PRESIDENT, SECRETARY  
Name            PERCIVAL, PAMELA  
Address        7645 GATE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD POLICASTRO

PRESIDENT

04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date