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

Mailing Address

SUITE B

1189 N. GADSDEN STREET

TALLAHASSEE FL 32303-6327

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1189 N. GADSDEN STREET

TALLAHASSEE FL 32303

SIGNATURE:

SUITE B



FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029310 (6)

CREATIVE RESIDENTIAL DESIGN, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996 04/13/1995 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business 59-3314428 Not Applicable 21 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WYNN, JOSEPH P 1529 COLONIAL DR. **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 64 City 85 Zip Code 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 (NOTE Registered Agent signature required when reinstance) Suprature, typical or printed name of registered agent and tide if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE THLE HAHN, PHILIP 1.2 NAME NAME 3900 MAYFLOWER CT. 1.3 STREET ADDRESS STREET ADORESS TALLAHASSEE FL 32303 1.4 CITY-ST-ZIP CITY ST-749 Addition DELETE ☐ Change 2.1 TITLE T-ILE HAHN, PHIL 2 2 NAME NAME 3900 MAYFLOWER CT. 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 2 4 CITY-ST-ZIP CITY SE-Zi-Change Addition DELETE 3.1 TITLE 1001 WYNN, JOSEPH 3.2 NAME NAME 1429 COLONIAL DR. COLONIAL DR. **33 STREET ADDRESS** STREET ADDRESS TALLAHASSEE FL 32303 3.4. CITY-ST-ZIP CHTY-ST ZIP Addition DELETE 4.1 TITLE 7011 WYNN, JOE 4.2 NAME NAME COLONIAL 1429 COLONIAL DR. 4.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 4.4 CITY - ST - ZIP CHY S1-ZIP Change Addition DELETE 5.1 TITLE Tritte 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP (HY SEZIE Change Addition DELETE 6.1 TITLE THEF 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Los toreby 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.