

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 # **465129** (5)

1. Corporation Name

CREATIVE CONTRACTORS, INC.



Principal Place of Business

**620 DREW ST
CLEARWATER FL 34615-4187
US**

Mailing Address

**620 DREW ST
CLEARWATER FL 34615-4187
US**

3. Date Incorporated or Qualified

11/18/1974

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1561132

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **XX**

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOMSTEIN, ALAN C.
620 DREW ST.
CLEARWATER FL 34615**

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**CPD
BOMSTEIN, ALAN C
620 DREW STREET
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**V
KEANE, MICHAEL
620 DREW STREET
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
BOMSTEIN, NANCY
620 DREW STREET
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VS
GERWIG, LARRY
620 DREW STREET
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VS
FRONCE, TOM P
620 DREW ST.
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VS
HOLDERITH, H A
620 DREW STR
CLEARWATER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)