

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 526184

1. Corporation Name

CREATIVE PLASTICS, INC.

Principal Place of Business

5016 N. RENELLIE DR.
PO BOX 260365
TAMPA FL 33685

Mailing Address

5016 N. RENELLIE DR.
PO BOX 260365
TAMPA FL 33685

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90005 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1977

4. FEI Number

59-1734899

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JONES, ALBERT E.
6450 W. HILLSBOROUGH AVE.
#25 PINE HAVEN CT.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

JONES, ALBERT E.

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

8014 W. HIAWATHA ST.

83

84 City TAMPA

FL

85 Zip Code

33685

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 PD
NAME JONES, ALBERT E.
STREET ADDRESS 6450 W. HILLSBORO
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE V
NAME JONES, FLOR
STREET ADDRESS 6450 W HILLSBOROUGH
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE ST
NAME JONES, IVA LEE
STREET ADDRESS 8631 QUARTZ AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JONES, ALBERT E.
1.3 STREET ADDRESS 8014 W. HIAWATHA ST.
1.4 CITY-ST-ZIP TAMPA, FL

☒ Change

☐ Addition

2.1 TITLE V
2.2 NAME JONES FLOR
2.3 STREET ADDRESS 8014 W. HIAWATHA ST.
2.4 CITY-ST-ZIP TAMPA, FL

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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.

SIGNATURE: Albert E. Jones (Albert E. Jones) July 1, 1999 (813) 885-4257

CR2E034 (5/99)

Creative Plastics Inc.

582897-9005-33

526184

FABRICATING. INJECTION MOLDING. LETTERS. SIGNS. SPECIALTIES

Mailing Address:
P.O.Box 260365
Tampa, Fla. 33685

Telephone Numbers:
Office (813)885-4257
Orders (813)884-8976

Shipping Address:
5016 N. Renellie Dr.
Tampa, Fla. 33614

Dept. of State
P.O.Box 1500
Tallahassee, Fl. 32302-1500

July 2, 1999

Dear Dept. of State

I did not receive the January notice, and am enclosing the \$150.00 as requested by your office. Thank you for taking your time over the telephone, and giving consideration to the "lost notice".

My wifes mother died a short time ago, and we received a letter from her several months after her passing. We were shocked when the letter arrived, so we know that letters and documents get lost and misplaced in the postal service.

We have never had this kind of lost mail before, so please understand that Creative Plastics is willing to be responsible for keeping up with all of its correspondence and timely payments.

P.S.

We have a new home address, so feel free to include it in the annual report, as indicated in section 13.

Respectfully Yours

Albert E. Jones

Albert E. Jones, Pres.
Creative Plastics, Inc.