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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F36763** (3)

1. Corporation Name
CREEK FARMS CORP.

Principal Place of Business
% ROBERT R KREIS
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

Mailing Address
% ROBERT R KREIS
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 1 Independent Drive
Suite, Apt. #, etc.
27 Suite 1600
City & State
28 Jacksonville, FL
Zip 29 32202-5009 | Country 30 USA

3. Date Incorporated or Qualified
06/01/1981

4. FEI Number
59-2151930
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KREIS, ROBERT R
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive, Suite 1600
83
84 City Jacksonville **FL** 85 Zip Code 32202-5009

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: If registered Agent signature required, which is missing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	VS	☒ Change ☐ Addition
NAME	KREIS, ROBERT R		1.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		1.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LOVETT, R. D.		2.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		2.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE	T	☐ DELETE	3.1 TITLE	VT	☒ Change ☐ Addition
NAME	WILLIAMS, L. D.		3.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		3.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE		☐ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME			4.2 NAME	Mello, Jeannine	
STREET ADDRESS			4.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 L D Williams Treasurer 6-198 (904)634-8808