

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90031 023 ***150.00

DOCUMENT # F36763

1. Corporation Name
CREEK FARMS CORP.

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

Mailing Address
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202-5009
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1 Independent Drive

Suite, Apt. #, etc.

22 Suite 1600

City & State

23 Jacksonville, FL

Zip Country

24 32202-5009 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KREIS, ROBERT R
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 VS ☐ DELETE
NAME KREIS, ROBERT R
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD ☐ DELETE
NAME LOVETT, R. D.
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VT ☐ DELETE
NAME WILLIAMS, L. D.
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE AS ☐ DELETE
NAME MELLO, JEANNINE
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 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, with all other like empowered.

SIGNATURE: *Robert R. Kreis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 1999

Date

904/634-8808

Daytime Phone #

CR2E034 (11/98)