

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 # F56665 (5)

1. Corporation Name

KREATIVE KRAFTS OF JACKSONVILLE, INC.

Principal Place of Business

5539 ROOSEVELT BLVD
JACKSONVILLE FL 32244

Mailing Address

5539 ROOSEVELT BLVD
JACKSONVILLE FL 32244



3. Date Incorporated or Qualified

12/01/1981

3a. Date of Last Report

05/01/1995

4. FET Number

59-2143787

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

5627 ROOSEVELT BLVD

Suite, Apt. #, etc.

27

City & State

28

JACKSONVILLE, FL.

29

32244

30

Country

9. Name and Address of Current Registered Agent

KREMER, JOHN L
5539 ROOSEVELT BLVD.
JACKSONVILLE FL 32244

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 the state of Florida

Signature, typed or printed name of registered agent and the state of Florida

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
KREMER, JOHN L
4682 SCARLET COURT
JACKSONVILLE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
KREMER, BETTE T.
4682 SCARLET COURT
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
GLEATON, CHRISTINE
4603 HOMESTEAD RD.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
MEADOWS, TRACY
4661 MARTINGALE RD.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

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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 if changed, or on an attachment with an address.

SIGNATURE:

John L. Kremer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

904-389-5655

CR2E034 (12/95)