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FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5627 ROOSEVELT BLVD  
JACKSONVILLE FL 32244-2301  
US

2. Principal Place of Business  
21 5627 ROOSEVELT BLVD.

Suite, Apt. #, etc.

22 SAME

City & State

23 SAME

Zip

24 SAME

Country

25 SAME

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified  
12/01/1981

3a. Date of Last Report  
05/01/1996

4. FEI 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

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

SAME

82

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

5627 ROOSEVELT BLVD.

83

84

City

SAME

FL

85

Zip Code

SAME

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 reissuing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD  
KREMER, JOHN L  
STREET ADDRESS 4882 SCARLET COURT  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME VD  
KREMER, BETTE T.  
STREET ADDRESS 4882 SCARLET COURT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME S  
GLEATON, CHRISTINE  
STREET ADDRESS 4803 HOMESTEAD RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME T  
MEADOWS, TRACY  
STREET ADDRESS 4861 MARTINGALE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*[Signature]*

04/25/97 904 389-5655

CR2E034 (9/96)