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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 01 1998 8:00am

Secretary of State

DOCUMENT #

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KREATIVE KRAFTS OF JACKSONVILLE, INC.

Mailing Address Principal Place of Business 5627 ROOSEVELT BLVD 5627 ROOSEVELT BLVD JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1981 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2143787 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zio Country Zub ☐ Yes Personal Property Tax due June 30. 26 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Kremer. John L 5539 ROOSEVELT BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32244 83 Zip Code 84 2210 ACKSONVILLE 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required whon reinstating) SIGNATURE ge losed agenit and line it appt. abl ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PD DELETE 1.1 TITLE TITLE KREMER, JOHN L 1.2 NAME NAME **4682 SCARLET COURT** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition Change DELETE VD 2.1 TITLE TITLE KREMER. BETTE T. 2.2 NAME NAME **4682 SCARLET COURT** STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2. 4 City - St - ZiP CITY-ST-7IP ☐ DELETE Addition ☐ Change 3.1 TITLE TITLE **GLEATON, CHRISTINE** NAME 3 2 NAME 4603 HOMESTEAD RD. 3.3 STREET ADDRESS STREET ADDRESS Jacksonville fl 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE MEADOWS, TRACY NAME 4 2 NAME 4661 MARTINGALE RD. STREET ADDRESS 4 3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 4 4 CITY-ST-ZIP Addition Change DELETE 5 1 1ITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 eath; 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 attachingent with a

6 4 CITY-ST-ZIP