

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002407 (5)**

1. Corporation Name  
**CREATIVE GROVES, INC.**



Principal Place of Business: **1833 N. HOWARD LAKE DRIVE WINTER HAVEN FL 33881**  
Mailing Address: **1833 N. HOWARD LAKE DRIVE WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **05/12/1993**  
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business (21) [ ]  
Suite, Apt. #, etc. (22) [ ]  
City & State (23) [ ]  
Zip (24) [ ] Country (25) [ ]  
2a. Mailing Address (26) [ ]  
Suite, Apt. #, etc. (27) [ ]  
City & State (28) [ ]  
Zip (29) [ ] Country (30) [ ]

4. FEI Number: **35-1559937**  
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  
**KRUEGER, DOROTHY  
1833 N. HOWARD LAKE DRIVE  
WINTER HAVEN FL 33881**  
*\$200 chg. enclosed*

10. Name and Address of New Registered Agent  
81 Name [ ]  
82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
83 [ ]  
84 City [ ]  
85 Zip Code [ ] **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Initials, typed or printed name of registered agent and date of appointment) (Initials, Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUERRANT, WILLIAM G	
STREET ADDRESS	25590 NORTH SHORE DRIVE	
CITY- ST- ZIP	ELKHART IN 46514	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRUEGER, AME P	
STREET ADDRESS	1833 N. HOWARD LAKE DRIVE	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KRUEGER, DOROTHY	
STREET ADDRESS	1833 N. HOWARD LAKE DRIVE	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, changed, or on an attachment with an address.

SIGNATURE: *Dorothy Krueger* **4-5-96** **941-299-1214**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)