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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004266 (2)

1. Corporation Name

CREATIVE BLOW MOLD TOOLING, INC.

Principal Place of Business

2913-J SATURN ST
BREA CA 92621
US

Mailing Address

2913-J SATURN ST
BREA CA 92621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

33-0056516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 568 E. LAMBERT RD.

23 City & State
BREA, CA

24 Zip
92821

25 Country
ORANGE

2a. Mailing Address

26 Suite, Apt. #, etc.
27 568 E. LAMBERT RD.

28 City & State
BREA, CA

29 Zip
92821

30 Country
ORANGE

9. Name and Address of Current Registered Agent

DENTON, MOLLY ANN
3049 DRANE FIELD RD.
SUITE 1
LAKELAND FL 33811

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

Molly A. Denton Molly Ann Denton Vice President 4/28/98

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 PD
NAME DENTON, DEAN D
STREET ADDRESS 2350-C NE INDEPENDENCE AVENUE
CITY- ST- ZIP LEE'S SUMMIT MO ☐ DELETE

TITLE VD
NAME STILES, MICHAEL T
STREET ADDRESS 2350 N.E. INDEPENDENCE AVE.
CITY- ST- ZIP LEE'S SUMMIT MO 64084 ☐ DELETE

TITLE ST
NAME DENTON, MOLLY ANN
STREET ADDRESS 2913-J SATURN ST
CITY- ST- ZIP BREA CA ☐ DELETE

TITLE D
NAME DENTON, EARLE
STREET ADDRESS 1017 GRAN PASEO DR
CITY- ST- ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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 568 E. LAMBERT RD.
3.4 CITY- ST- ZIP BREA, CA 92821

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.

SIGNATURE: Molly A. Denton Molly Ann Denton 4/28/98 714)529-6154

CR2E034 (10/97)