FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995 5-1-95 B6308NC

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H19096 (7)

1. Corporate Name
CREATIVE MANUFACTURING COMPANY, INC.

Principal Place of Business
% DONALD W. RIEDEL II
507 HIGHWAY 190
VALPARAISO FL 32580

Mailing Address
% DONALD W. RIEDEL II
507 HIGHWAY 190
VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-2441980 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Delinquent Campaign Contribution Fund Fund Contribution ☐ — $5.00 May Be Added to Fees

8. Do corporate bylaws, or charter, provide for voting by Florida Statute ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RIEDEL, DONALD W., II
507 HWY 190
VALPARAISO FL 32580

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

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the undersigned corporation files this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of its registered office and the name of its registered agent are identical to the registered office and registered agent of another corporation or other entity or Florida business entity.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIEDEL, DONALD W.
ADDRESS	507 HWY 190
CITY	VALPARAISO FL
TITLE	VTS
NAME	RIEDEL, DONALD W., II
ADDRESS	507 HWY 190
CITY	VALPARAISO FL
TITLE	P
NAME	RIEDEL, PAMELA
ADDRESS	507 HWY 190
CITY	VALPARAISO FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Delete

14. I hereby certify that the undersigned is an officer or director of the corporation or a receiver or trustee or other agent authorized to execute this report and that the facts stated herein are true. I understand that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a receiver or trustee or other agent authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached page, as an officer or director or agent.

SIGNATURE: 4-28-95 904-678-9435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0471202 FP