

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90002 036 ***150.00

DOCUMENT # H64822

1. Corporation Name
CREATIVE BALLOON DESIGNS, INC.

Principal Place of Business

2409 HWY. 92 E.
LAKELAND FL 33801

Mailing Address

PO BOX 3528
LAKELAND FL 33802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1985

4. FEI Number

59-2536526

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3611 CENTURY BLVD
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 LAKE LAND FL

City & State

28

Zip

24 33811

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WELLS, WILLIAM T.

2409 HWY. 92 E.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

WILLIAM T. WELLS

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

3611 CENTURY BLVD

83

84 City

LAKE LAND

FL

85 Zip Code

33811

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

William T. Wells, President

2/8/99

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 P ☐ DELETE

NAME WELLS, WILLIAM T.

STREET ADDRESS 2409 HWY. 92 E.

CITY-ST-ZIP LAKELAND FL 33801

TITLE S ☒ DELETE

NAME J HUGH JOYNER

STREET ADDRESS 2409 HWY 92 E

CITY-ST-ZIP LAKELAND FL 33801

TITLE T ☒ DELETE

NAME CHARLES J UNDERWOOD JR

STREET ADDRESS 2409 HWY 92E

CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3611 CENTURY BLVD
LAKELAND FL 33811

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

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

William T. Wells, President

Date

Daytime Phone #

2/8/99 74-619-6505

CR2E034 (11/98)