

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J 48384 1. Corporation Name Creekside, Inc.			
Principal Place of Business 181 Creekside Dr. St. Augustine FL 32086		Mailing Address 181 Creekside Dr. St. Augustine FL 32086	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12-22-86	3a. Date of Last Report 5-96
4. FEI Number 59-2746548		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 Elizabeth R. Bowen 181 Creekside Drive St. Augustine FL 32086		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, learn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>Elizabeth R. Bowen</u> DATE <u>5/12/97</u> (Signature of registered agent and type if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE PRESIDENT ☐ DELETE 1.2 NAME Jerry A. Bowen 1.3 STREET ADDRESS 181 Creekside Dr. 1.4 CITY-STATE-ZIP St. Augustine FL 32086 2.1 TITLE VP, SEC, TRES. ☐ DELETE 2.2 NAME Elizabeth R. Bowen 2.3 STREET ADDRESS 181 Creekside Dr. 2.4 CITY-STATE-ZIP St. Augustine FL 32086 3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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-STATE-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I do 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 included 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: <u>Elizabeth R. Bowen</u> <u>Elizabeth R. Bowen</u> <u>5/12/97</u> <u>904-797-5266</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)

as
5/19/97