FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

95 [illegible] 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J70446 (6)

1. Corporate Name
CREATIVE ATTITUDES, INC.

Principal Place of Business	Mailing Address
1364 S. HERCULES AVENUE CLEARWATER FL 34624-3748 US	1364 S. HERCULES AVENUE CLEARWATER FL 34624-3748 US

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 01/20/1994

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

4. FEI Number: 59-2801868 ☐ 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	10. Name and Address of New Registered Agent
CHISHOLM, WILLIAM D. 1364 S. HERCULES AVE., CLEARWATER FL 34624	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTS	1.1 TITLE	☐ Change ☐ Addition
NAME	CHISHOLM, WILLIAM D.	1.2 NAME	
STREET ADDRESS	1364 S. HERCULES AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	LEIHER, JOHN F.	2.2 NAME	
STREET ADDRESS	3149 N. APPALOOSA POINT	2.3 STREET ADDRESS	1210 - 16 TH CIRCLE SE
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	LARGO, FL 34641
TITLE	VD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	WOODHAM, WILLIAM L.	3.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 387	3.3 STREET ADDRESS	[redacted] 9412 New York Ave. Lot #6
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CHISHOLM, WILLIAM D.	4.2 NAME	
STREET ADDRESS	1364 S. HERCULES AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: William D. Chisholm / William D. Chisholm — 4/28/95 — (813) 531-6234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0369293 CP