

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

DOCUMENT # J87696

1. Corporation Name  
CREEK CONSTRUCTION, INC.

Principal Place of Business  
421 CAMELLIA AVE.  
TITUSVILLE FL 32796

Mailing Address  
421 CAMELLIA AVE.  
TITUSVILLE FL 32796

2. Principal Place of Business  
21

Suite, Apt. #, etc.  
22

City & State  
23

Zip  
24

Country  
25

Zip  
26

Country  
27

Zip  
28

Country  
29

Zip  
30

9. Name and Address of Current Registered Agent

WARREN, ROWE A.  
421 CAMELLIA AVE.  
TITUSVILLE FL 32796

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 *Karen A. Warren*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
4-30-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WARREN, ROWE A.  
STREET ADDRESS 421 CAMELLIA AVE.  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE STD  
NAME WARREN, LINDA C.  
STREET ADDRESS 421 CAMELLIA AVE.  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE  
NAME  
STREET ADDRESS  
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: *Karen A. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90038 050 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1987

4. FEI Number  
59-2858257  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
□ \$5.00 May Be  
Trust Fund Contribution  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  
□ Yes  
□ No

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

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

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

0088381

CR2E034 (11/98)

Date

Daytime Phone #

4-30-99