

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**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90046 003 \*\*\*150.00

**DOCUMENT # K56248**

1. Corporation Name

**CREATIVE PRINTING & BUSINESS FORMS, INC.**

Principal Place of Business

3901 LAND O'LAKES BLVD  
LAND O'LAKES FL 34639  
US

Mailing Address

% TERRY W MOSES  
3901 LAND O'LAKES BLVD.  
LAND O LAKES FL 34639  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MOSES, TERRY W.  
3901 LAND O'LAKES BLVD  
LAND O LAKES FL 34639

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

59-2922477

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

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	DVTS	<input type="checkbox"/> DELETE
NAME	MOSES, TERRY W.	
STREET ADDRESS	22020 HEATHERWOOD LN	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSES, JOANNE	
STREET ADDRESS	22020 HEATHERWOOD LN	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSES, MICHAEL	
STREET ADDRESS	2748 MARTHA LANE	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLES, LEIGH	
STREET ADDRESS	2812 MARTHA LANE	
CITY-ST-ZIP	LAND-O-LAKES FL 34639	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSES, BRIAN	
STREET ADDRESS	6733 N TANGERINE PL	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1935 CLOVERDALE CT.
3.4 CITY-ST-ZIP	LVT2, FL 33549
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	PO Box 372
5.4 CITY-ST-ZIP	LAND O' LAKES, FL 34639
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

813-996-2209

CR2F034 (11/98)