

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L36824** (5)

1. Corporation Name

CREATIVE STITCHING, CO.



Principal Place of Business

Mailing Address

**4484 RIDGEWOOD AVE
PORT ORANGE FL 32127
US**

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PORT ORANGE FL 32127
US**

3. Date Incorporated or Qualified

12/18/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2989224

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREER, STEVEN E.
840 SECOND STREET
PORT ORANGE FL 32119**

81 Name **Steven E. Greer**

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

427 Baywood Circle

83

84 City **Harbor Oaks**

FL

85 Zip Code **32127**

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 as written above

(NOTE: Registered Agent Signature Required when Resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE
NAME **GREER, STEVEN E.**
STREET ADDRESS **840 SECOND ST.**
CITY-STATE-ZIP **PT. ORANGE FL**

1.1 TITLE **PS** ☐ Change ☐ Addition
1.2 NAME **Greer, Steven E.**
1.3 STREET ADDRESS **427 Baywood Circle**
1.4 CITY-STATE-ZIP **Harbor Oaks, FL 32127**

TITLE **VT** ☐ DELETE
NAME **GREER, PATRICIA B.**
STREET ADDRESS **840 SECOND ST.**
CITY-STATE-ZIP **PT. ORANGE FL**

2.1 TITLE **VT** ☐ Change ☐ Addition
2.2 NAME **Greer, Patricia B.**
2.3 STREET ADDRESS **427 Baywood Circle**
2.4 CITY-STATE-ZIP **Harbor Oaks, FL 32127**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Steven E. Greer

PS Steven E. Greer

4-10-96

904-756-3589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)