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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L61160 (2)

1. Corporation Name
CREATIVE MAILING CONCEPTS, INC.

Principal Place of Business

6900 PHILLIPS HWY
STE 26
JACKSONVILLE FL 32216-058
US

Mailing Address

6900 PHILLIPS HWY., SUITE 26
P.O. BOX 24079
JACKSONVILLE FL 32241-4079
US



2. Principal Place of Business

21 4949 Sunbeam Road

22 Suite 8

23 Jacksonville FL

24 32257

Country

US

2a. Mailing Address

26 P.O. Box 48401

27 Suite, Apt. #, etc.

28 Jacksonville FL

29 32257

Country

US

3. Date Incorporated or Qualified
03/30/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3006018

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

MANNING, MATTHEW, SCOTT
11475 STINGER WAY
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
Merisa P. Randolph

82 Street Address (P.O. Box Number is Not Acceptable)
3403 Stanley Street

83

84 City
Jacksonville

FL

85 Zip Code
32207

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 *Merisa P. Randolph*

(NOTE: Registered Agent signature required when reinstating)

5-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MANNING, MATTHEW, S
11475 STINGER WAY
JACKSONVILLE FL
VT

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MANNING, LAURIE, D
11475 STINGER WAY
JACKSONVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPS
Randolph, Merisa P
3403 Stanley Street
Jacksonville FL

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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: *Merisa P. Randolph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 904-448-6994

Date Daytime Phone

CR2E034 (9/96)