

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 # L86891

(3)

1. Corporation Name

P T CREATIONS INC.



Principal Place of Business

P O BOX 5699
HUDSON FL 34674

Mailing Address

P O BOX 5699
HUDSON FL 34674

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

3. Date Incorporated or Qualified

07/19/1990

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3020471

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

10. Name and Address of New Registered Agent

SCIME, ANTHONY

12916 SUNHILL CIRCLE
HUDSON FL 34667

ONLY ADDRESS CHANGES
AS OF 1/20/96

81 Name

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

4404 GENESEE LANE

P.O. Box 173

84 City

N.P.R., FL

FL

85 Zip Code 34656

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

(Signatory type in the printed name of member, officer or director if applicable)

(Print Name of Agent, Signature Required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

D
SCIME, ANTHONY
12916 SUNHILL CIRCLE
HUDSON FL
PT
SCIME, ANTHONY
12916 SUNHILL CIRCLE
HUDSON FL
S
SCIME, PATRICIA ANNE
12916 SUNHILL CIRCLE
HUDSON FL

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-STATE-ZIP
17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-STATE-ZIP

4404 GENESEE LANE
N.P.R., FL 34655

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☒ Change ☐ Addition

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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, and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22, 1996 813-372-0037

Day/TIME Phone #

CR2E034 (12/95)