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FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M94688 (2)
1. Corporation Name
G. P. CREATIONS, INC.



Principal Place of Business
60 HYPOLITA STREET
ST. AUGUSTINE FL 32084
Mailing Address
60 HYPOLITA STREET
ST. AUGUSTINE FL 32084

CHANGE OF ADDRESS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/17/1988
4. FEI Number
59-2918357
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 4255 AIA S.
Suite, Apt. #, etc.
22
City & State
23 ST-AUGUSTINE FL
Zip
24 32084
Country
25
26 4255 AIA S.
Suite, Apt. #, etc.
27
City & State
28 ST-AUGUSTINE FL
Zip
29 32084
Country
30 8

9. Name and Address of Current Registered Agent

MCCLURE, GEORGE M.
81 KING ST.
SUITE A
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
HAYES & LINDELL
82 Street Address (P.O. Box Number is Not Acceptable)
233 E. BAY STREET
83 Suite 620
84 City
JACKSONVILLE FL 85 Zip Code
32202

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)

5-19-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PONCET, JEAN M.	1.1 TITLE	P PONCET JEAN M.
NAME	00 HYPOLITA STREET	1.2 NAME	4255 AIA S.
STREET ADDRESS	ST. AUGUSTINE FL	1.3 STREET ADDRESS	ST-AUGUSTINE FL 32084
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S PONCET, MARIANNE	2.1 TITLE	S PONCET MARIANNE
NAME	00 HYPOLITA STREET	2.2 NAME	4255 AIA S.
STREET ADDRESS	ST. AUGUSTINE FL	2.3 STREET ADDRESS	ST-AUGUSTINE FL 32084
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T PONCET, CATHERINE	3.1 TITLE	T PONCET CATHERINE
NAME	00 HYPOLITA STREET	3.2 NAME	4255 AIA S.
STREET ADDRESS	ST. AUGUSTINE FL	3.3 STREET ADDRESS	ST-AUGUSTINE FL 32084
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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.

CR2E034 (10/97)

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11/27/98