SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000025774 (9)**

1. Corporation Name
CREATIVE ARCHITECTURAL CASTINGS, INC.

Principal Place of Business	Mailing Address
531 W. HWY. 190 VALPARIASO FL 32580 US	531 W. HWY. 190 VALPARIASO FL 32580 US

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 09/15/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3181047 ☐ 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

FAULK, ALLEN M
862 W JOHN SIMS PKWY
SUITE B
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: CHARLES D. ACORN
82 Street Address (P.O. Box Number is Not Acceptable): 105 LINDA CT
83:
84 City: NICEVILLE FL 85 Zip Code: 32578

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: CHARLES D. ACORN (DIRECTOR OF MGS) Charles D. Acorn DATE: 5 AUG 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required where indicated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P/S/T	☒ Change ☐ Addition
NAME	MICHAEL WILLIAM HALEY		12 NAME	ANNA MARIE HALEY	
STREET ADDRESS	106 LINDA CT		13 STREET ADDRESS	106 LINDA CT	
CITY-ST-ZIP	NICEVILLE FL		14 CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VP	☒ DELETE	21 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change ☒ Addition
NAME	ALLEN MICHAEL FAULK		22 NAME	MICHAEL WILLIAM HALEY	
STREET ADDRESS	862 W. JOHN SIMS PKWY		23 STREET ADDRESS	106 LINDA CT	
CITY-ST-ZIP	NICEVILLE FL		24 CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ANNA MARIE HALEY		32 NAME		
STREET ADDRESS	106 LINDA CT.		33 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HALEY, ANNA M		42 NAME		
STREET ADDRESS	106 LINDA CT.		43 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		44 CITY-ST-ZIP		
TITLE	DSM	☐ DELETE	51 TITLE	VICE-PRESIDENT MARKETING + SALES	☒ Change ☐ Addition
NAME	JOHN LASSO		52 NAME	JOHN LASSO	
STREET ADDRESS	106 LINDA CT.		53 STREET ADDRESS	RT. 1 BOX 110 A-1C	
CITY-ST-ZIP	NICEVILLE FL		54 CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		☐ DELETE	61 TITLE	VP Management Information Services	☐ Change ☒ Addition
NAME			62 NAME	CHARLES D. ACORN	
STREET ADDRESS			63 STREET ADDRESS	105 LINDA CT	
CITY-ST-ZIP			64 CITY-ST-ZIP	NICEVILLE, FL. 32578	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna Marie Haley ANNA MARIE HALEY 8/5/96 (904)678-5546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #