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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90130 008 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015594

1. Corporation Name
CREONIX, INC.

Principal Place of Business
**2159 63RD AVE E
BRADENTON FL 34203**

Mailing Address
**2159 63RD AVE E
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

65-0471545

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

**FORESTANDI, ALPHONSE J
2159 63RD AVE E
BRADENTON FL 34203**

10. Name and Address of New Registered Agent

81 Name **Forestandi, Alphonse J Jr.**

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

2145 63rd Ave E

83

84 City **Bradenton**

FL

85 Zip Code **34203**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **FORESTANDI, ALPHONSE J**
STREET ADDRESS **2159 63RD AVE E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VPAS** ☒ DELETE
NAME **FORESTANDI, BARBARA M**
STREET ADDRESS **2159 63RD AVENUE E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **S** ☐ DELETE
NAME **FORESTANDI, ALPHONSE J JR.**
STREET ADDRESS **2159 63RD AVENUE E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE **P/D/T/S** ☒ Change ☐ Addition
3.2 NAME **Forestandi, Alphonse J. Jr.**
3.3 STREET ADDRESS **2159 63rd Ave E**
3.4 CITY-ST-ZIP **Bradenton, FL 34203**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Alphonse J Forestandi, Jr 3/1/99 (941) 758-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)