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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000056000**

1. Corporation Name

CREATIVE BUILDING SYSTEMS, INC.

OHEATIV	E BOILDING OTOTEMO, INC					
Principal Place of Business Mailing Address					- (12011231 110 16111 81811 98111 49111 80111 BE141 1	14116 21411 80111 80111 0011 1001
3404 APALACHEE PARKWAY P.O. BOX 15936				·		
TALLAHASSEE FL 32311 TALLAHASSEE FL 32317				•	DO NOT WRITE IN THIS	SPACE
US					3. Date Incorporated or Qualifed	- SFACE
					07/28/1994	
		On Maritime Address			4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address				59-3259135	Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				39'3239 133	\$8.75 Additional	
					5. Certificate of Status Desired	Fee Required
		= 27 =		<u></u>	6. Election Campaign Financing	\$5.00 May Be
		⊢ ′	28		Trust Fund Contribution	Added to Fees
Zip Country			Zip Country		8. This corporation owes the current year Into	
24	25	29 30	¬ ´		Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Current		<u>, </u>		10. Name and Address of New Registered	Agent
			81	Name		
MILLER, RICHARD H				Store at Andrea	(D.O. Barrish North Accordable)	
3404 APALACHEE PARKWAY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	†
TALLAHASSEE FL 32311		83		1 to		
			<u> </u>			11
		<i>F</i>	84	- 7	FL	85 Zip Code
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)						
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TIRLE	DPS	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MILLER, RICHARD H		1.2 NAME			
STREET ADORESS	1929 CHARLAIS ST.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 14CT		1.4 CITY-S	T-ZIP		
ΠΠLE			2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	5 40-4 A	,
TITLE	☐ DELETE 3.1 TI		3.1 TITLE	1		☐ Change ☐ Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREE	TADDRESS	•	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	☐ DELETE 4.1 TIT		4.1 TITLE		•	☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP	•		4.4 CITY-S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			j

6.3 STREET ADDRESS

6.4 CTTY-ST-ZIP

14. I hereby certify that the information supplied with this liling 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 comporation of 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 changes or an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP -- *

معامطا لا تا الرك إليك مسد OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #