FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087680 (2)**

1. Corporation Name
BLACK PEARL CREATIONS, INC.

500001524705
-06/27/95--01080--022
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3215 1/2 WRECKER HIGHWAY WINTER HAVEN FL 33880	3215 1/2 WRECKER HIGHWAY WINTER HAVEN FL 33880

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1730 TREE BLVD. UNIT #5	26 1730 TREE BLVD. UNIT #5
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST. AUGUSTINE, FLORIDA	28 City & State: ST. AUGUSTINE, FLORIDA
24 Zip: 32086 25 Country: USA	29 Zip: 32086 30 Country: USA

4. FEI Number: 59-3286126 ☐ 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

6. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALCOTT, STEPHEN 3215 1/2 WRECKER HIGHWAY WINTER HAVEN FL 33880	81 Name: WALCOTT, STEPHEN 82 Street Address (P.O. Box Number is Not Acceptable): 3720 B ROSEWOOD ST. 83 84 City: ST. AUGUSTINE, FL 85 Zip Code: 32084

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: Stephen M. Walcott — STEPHEN M. WALCOTT — PRESIDENT — 5-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☒ Change ☐ Addition
NAME	WALCOTT, STEPHEN	12 NAME		
STREET ADDRESS	850 N. BUENA VISTA DR.	13 STREET ADDRESS	3720 B ROSEWOOD ST.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	14 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	DVS	21 TITLE		☒ Change ☐ Addition
NAME	SCHEMMEL, MICHAEL	22 NAME		
STREET ADDRESS	835 CINNAMON DR.	23 STREET ADDRESS	3720 B ROSEWOOD ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	24 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

6/23/95 MS

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)(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.

SIGNATURE: Stephen M Walcott — STEPHEN M. WALCOTT — 5-1-95 — (904) 808-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0449144 FP