

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

457-6052
make check to
Dept of State

DOCUMENT # P95000008898 (5)

1. Corporation Name

CLIE TT CREATIVE GROUP, INC.



Principal Place of Business

Mailing Address

2215 ELLICOTT DR
TALLAHASSEE FL 32315-3415

2215 ELLICOTT DR
TALLAHASSEE FL 32315-3415

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 455 All Saints Street

26 455 All Saints Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59 329 2492

Applied For

Not Applicable

22 City & State

27 City & State

23 Tallahassee Florida

28 Tallahassee Florida

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32301

USA

32301

USA

8. This 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

CLIE TT, ROBERT G
2215 ELLICOTT DR
TALLAHASSEE FL 32315-3415

81 Name

Robert G. Cliett

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

455 All Saints Street

83

84 City

Tallahassee

FL

85 Zip Code
32301

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

Robert G. Cliett

Robert G. Cliett

2-5-96

(Signature typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert G. Cliett	
1.3 STREET ADDRESS	455 All Saints Street	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cheryl R. Cliett	
2.3 STREET ADDRESS	455 All Saints Street	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE:

Robert G. Cliett

Robert G. Cliett

2-5-96

904-224-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)