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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000020169 (5)**

1. Corporation Name

CREATIVE IMPACT COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 476 PONTA VEDRA BEACH FL 32004	P.O. BOX 476 PONTA VEDRA BEACH FL 32004

3. Date Incorporated or Qualified: 03/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 121 W. Forsyth St	26 121 W. Forsyth St.
Suite, Apt. #, etc. 22 Suite 110	Suite, Apt. #, etc. 27 Suite 110
City & State 23 Jacksonville FL.	City & State 28 Jacksonville FL
Zip / Country 24 32202 / 25 USA	Zip / Country 29 32202 / 30 USA

4. FEI Number: 59-3315856 ☐ 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	10. Name and Address of New Registered Agent
KREINEST, MICHAEL J 7209 ARBOR CLUB DR PONTA VEDRA BEACH FL	81 Name: KREINEST, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable): 2699 TREASURE COVE LN. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32224

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 where permitted by law) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREINEST, MICHAEL J P.O. BOX 476 PONTA VEDRA BEACH FL 32004	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT KREINEST, MICHAEL J 121 W. FORSYTH ST. JACKSONVILLE FL 32202	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREINEST, JAMES E P.O. BOX 476 PONTA VEDRA BEACH FL 32004	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CFO/DIR/T. KREINEST, JAMES E 2931 GREENRIDGE RD. ORANGE PARK, FL 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300001767798 -04/03/96--01035--003 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: James E Kreinest JAMES E KREINEST 3-28-96 904-269-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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