FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000020694 (2) **DOCUMENT #** CREATIVE CONSTRUCTION MANAGEMENT OF TAMPA BAY, I NC. Principal Place of Business Mailing Address 827 14TH AVENUE NORTH 827 14TH AVENUE NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1995 NEW 2. Principal Place of Business 2a. Mailing Address FEI Number 59-330473 Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State Oity & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zin Country $Z_{\mathfrak{P}}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 X Yes □ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DELL, JAMES A Street Address (P.O. Box Number is Not Acceptable) 82 827 14TH AVENUE NORTH ST. PETERSBURG FL 33701 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: Space or processance of replaced applicable to the distribution of the complete of DATE (FOTE Registere LAgent Signal are required when revisitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95) TITLE n DELETE 1 TITLE Change Addition DELL, JAMES A NAME 1.2 NAME CR2E034 STREET ADDRESS 827 14TH AVENUE NORTH 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY - ST - ZIP 1.4 C*TY - \$1 - ZiP TITLE DELETE 2 1 HTLF Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 017 - ST - ZIP 2.4 CHY - S1 - ZIP T:TLF DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 OHY ST-ZIP TITLE DELF TE 4. 1 TIFLE Change Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE [] DELETE 5 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 IFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 appears in Block 12 or Block 13 if changed, or on a full annual report of the execute this report as required by Chapter 607, Florida Statutes; and that my name 6.4 CITY - ST - ZIP

SIGNING OFFICER OR DIRECTOR

4-9-96 813-546-8222

SIGNATURE: