

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000022760 (9)**

1. Corporation Name:  
**CREATIVE DESIGN OF LAKELAND, INC.**



Principal Place of Business  
**2929 SOUTH FLORIDA AVE., SUITE 1  
 LAKELAND FL 33803**

Mailing Address  
**2929 SOUTH FLORIDA AVE., SUITE 1  
 LAKELAND FL 33803**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date incorporated or Qualified	3a. Date of Last Report
03/20/1995	
4. FEI Number	Applied For Not Applicable
59-3316014	
5. Corporation of States Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

**g. Name and Address of Current Registered Agent**

**AUGER, SHARYN  
 2929 SOUTH FLORIDA AVE., SUITE 1  
 LAKELAND FL 33803**

81	Name
82	Street Address (P.O. Box Number, if Not Applicable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(3), Florida Statutes.

**SIGNATURE**

Signature of the person named in Block 12 or 13, as the case may be.

Signature of the person named in Block 10, as the case may be.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-STATE-ZIP		2. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		3. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE-ZIP		5. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE-ZIP		6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	7. TITLE	
NAME		7. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		7. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true, full and correct, and is not guilty for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 resident or business representative to execute the 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 to this address.

**SIGNATURE:**

*Paul J. Auger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul J. Auger* 7-6-96 941-686-4059  
 DATE AND PHONE NUMBER

CR2E034 (12/95)