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FILED

May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000029310 (6)

1. Corporation Name

CREATIVE RESIDENTIAL DESIGN, INC.

Principal Place of Business

1109 N. GADSDEN STREET
SUITE B
TALLAHASSEE FL 32303

Mailing Address

1109 N. GADSDEN STREET
SUITE B
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

59-3314428

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 203 N. GADSDEN STREET

26 203 N. GADSDEN STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 2B

27 SUITE 2B

City & State

City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

Zip

Zip

24 32301

29 32301

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNN, JOSEPH P
1529 COLONIAL DR.
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 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 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS HAHN, PHILIP
CITY-ST-ZIP 3900 MAYFLOWER CT.
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME S
STREET ADDRESS HAHN, PHIL
CITY-ST-ZIP 3900 MAYFLOWER CT.
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME V
STREET ADDRESS WYNN, JOSEPH
CITY-ST-ZIP 1529 COLONIAL DR.
TALLAHASSEE FL

TITLE ☐ DELETE

NAME Y
STREET ADDRESS WYNN, JOE
CITY-ST-ZIP 1529 COLONIAL DR.
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

PHILIP M. HAHN

4-28-98

850-224-7526

CR2E034 (10/97)