

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

DOCUMENT # P95000056007 (4)

1. Corporation Name

IMAGINATIVE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

222 SECOND STREET NORTH
ST. PETERSBURG FL 33701

222 SECOND STREET NORTH
ST. PETERSBURG FL 33701



300001835533

-05/22/96--01110--062

***200.00

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 201 Second Avenue North

Suite, Apt. #, etc.

22 City & State

23 St. Petersburg, FL

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 201 Second Avenue North

Suite, Apt. #, etc.

27 City & State

28 St. Petersburg, FL

Zip

29 33701

Country

30 USA

4. FEI Number

59-3323829

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

GILES, JOEL B
200 CENTRAL AVENUE STE 1210
ST. PETERSBURG FL 33701

81 Name

NEIL W. SAVAGE

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

201 - 2nd AVENUE NO.

83

ST. PETERSBURG

84 City

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.0507 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

Jan 30, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, DAVID A	
STREET ADDRESS	222 SECOND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
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	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAVAGE, NEIL W.	
1.3 STREET ADDRESS	1 BEACH DR SE #2705	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
2.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WINNER, HAROLD J.	
2.3 STREET ADDRESS	5801-49 ST. N.	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
3.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CURTIS, WARD J.	
3.3 STREET ADDRESS	1900 KANSAS AVE NE	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704	
4.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STOKES, CYNTHIA A.	
4.3 STREET ADDRESS	5801-49 ST. N.	
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
5.1 TITLE	S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BARDIN, CHARLES P.	
5.3 STREET ADDRESS	5801-49 ST. N.	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-96 813-898-2265

CR2E034 (12/95)