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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

appears in Block 12 or Block 13 if changed, or on an attach,

P95000068275 (3)

**DOCUMENT #** T M CREATIVE VENTURES INC. Principal Place of Business Mailing Address 5538 W. LAKE BUTLER ROAD 5538 W. LAKE BUTLER ROAD WINDERMERE FL 34786 WINDERMERE FL 34786 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1995 NIA 2. Principal Place of Business 2a. Mailing Address Applied For 9.0. Box 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be WIN DERMETE 23 Trust Fund Contribution Added to Fees Zip 34786 Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No USA 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HARVEY, THOMAS V Street Address (P.O. Box Number is Not Acceptable) 82 5538 W. LAKE BUTLER ROAD WINDERMERE FL 34786 83 84 City 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, typed or printed name of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change Addition NAME HARVEY, THOMAS V 1.2 NAME 5538 W. LAKE BUTLER ROAD STREET ADDRESS 1.3 STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP 14 CHTY - ST - ZIP TITLE DELETE 2 1 TITLE Addition Change NAME HARVEY, MARGARET H 2.2 NAME STREET ADDRESS 5538 W. LAKE BUTLER ROAD 2.3 STREET ADDRESS **WINDERMERE FL 34786** CITY-ST-ZIP 2 4 CITY - ST- ZIP TITLE DELETE 3. 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 C(TY-ST-7)P TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS City-St-ZiP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Add-tion NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE □ DELETE 6 1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 6 4 CITY- \$1 - 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