

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 # P95000070291 (6)

1. Corporation Name

CAD CREATIONS, INC.



Principal Place of Business

Mailing Address

11500 NORTH DALE MABRY HIGHWAY #916  
TAMPA FL 33618

11500 NORTH DALE MABRY HIGHWAY #916  
TAMPA FL 33618

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

none

2. Principal Place of Business

2a. Mailing Address

21 5404 MCKAY AVE

26 5404 MCKAY AVE

4. FEI Number

59-3335710

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

DUNKERLEY, JOHN T  
11500 NORTH DALE MABRY HIGHWAY #916  
TAMPA FL 33618

81 Name

J. TRAVIS DUNKERLEY

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

5404 MCKAY AVE

83

84 City

TAMPA

FL

85 Zip Code

33603

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

J. Travis Dunkerley

J. TRAVIS DUNKERLEY, DPTS

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPTS  
NAME DUNKERLEY, JOHN T  
STREET ADDRESS 11500 N. DALE MABRY HWY. APT. 916  
CITY-ST-ZIP TAMPA FL 33618

1.1 TITLE DPTS  
1.2 NAME J. TRAVIS DUNKERLEY  
1.3 STREET ADDRESS 5404 MCKAY AVE  
1.4 CITY-ST-ZIP TAMPA FL 33603

TITLE  
NAME  
STREET ADDRESS

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 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:

J. Travis Dunkerley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

(813) 239-4253

Do Not Print

CR2E034 (12/95)