

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082582 (4)

1. Corporation Name
CREAMER CARPENTRY & PAINTING, INC.

Principal Place of Business

6656 TIMBERWOOD CIRCLE
PINELLAS PARK FL 34665

Mailing Address

6656 TIMBERWOOD CIRCLE
PINELLAS PARK FL 34665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6621 Timberwood Circle Suite, Apt. #, etc. 22 City & State 23 Pinellas Park, FL 24 Zip 33781 25 Country USA		2a. Mailing Address 26 6621 Timberwood Circle Suite, Apt. #, etc. 27 City & State 28 Pinellas Park, FL 29 Zip 33781 30 Country USA		3. Date Incorporated or Qualified 10/23/1995	
		4. FEI Number 59-3339040		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CREAMER, JOHN M 6656 TIMBERWOOD CIRCLE PINELLAS PARK FL 34665		10. Name and Address of New Registered Agent 81 Name CREAMER, JOHN M. 82 Street Address (P.O. Box Number is Not Acceptable) 6621 Timberwood Circle 83 84 City Pinellas Park FL 85 Zip Code 33781	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CREAMER, JOHN M	1.2 NAME	John M Creamer
STREET ADDRESS	6656 TIMBERWOOD CIRCLE 6621	1.3 STREET ADDRESS	6621 Timberwood Circle
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	SD	2.1 TITLE	SD
NAME	CREAMER, JAYNE L	2.2 NAME	Jayne L Creamer
STREET ADDRESS	6656 TIMBERWOOD CIRCLE 6621	2.3 STREET ADDRESS	6621 Timberwood Circle
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	VD	3.1 TITLE	VD
NAME	NAULT, JAMES P	3.2 NAME	Carlos O. Buitrago
STREET ADDRESS	ONE BEACH DR., #2609	3.3 STREET ADDRESS	6301 58 St N #106
CITY-ST-ZIP	ST. PETERSBURG FL 34665	3.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE		4.1 TITLE	VD
NAME		4.2 NAME	James Marino
STREET ADDRESS		4.3 STREET ADDRESS	2780 62 Terr #A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *John M Creamer* Jayne L Creamer 1-23-98 541-3237

CR2E034 (10/97)