Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90048 029 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082582

Corporation Name

CREAMER CARPENTRY & PAINTING, INC.

CHEAME	H CARPENIKY & PAINTING	3, INC	•							
Principal Place of Business Mailing Address							i iääliääi iin iäini biiti husii neti	 	14 6 11 06 1 41	INI INIIR EINE INNI
6621 TIMBERWOOD CIR 6621 TIMBERWOOD CIR										
PINELLAS PARK FL 33781 PINELLAS PARK FL 33781						DO NOT WRIT	E IN THIS S	SPACE		
US US							3. Date Incorporated or Qualifed			
							10/23/1995			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26	ū				59-3339040			Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	X		Additional
27						5, Certificate of Clarica Desired		Fee	Required	
City & State City & State						6. Election Campaign Financing			May Be	
23		28	<u> </u>				Trust Fund Contribution			d to Fees
Zip	Country	Ь	Zip	Country			8. This corporation owes the curre			™ No
24	25	29		30			Personal Property Tax. 10. Name and Address of New R		☐ Yes _	YELINO .
	9. Name and Address of Currer	it Regis	tered Agent	81	N:		10. Name and Address of New A	egiatered A	- Aeur	
CREA	AMER, JOHN M									
6621 TIMBER WOOD CIR				, 82	St	reet Addre	ss (P.O. Box Number is Not Accepta	bie)		ļ
PINELLAS PARK FL 33781			83							
1 11 42						_				
				84	Çi	ty		FL	85 Z	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					-na	med corno	ration submits this statement for the	ournose of o	hanging	its registered
office or ti	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such change was aut	nonzea by	ine i	corporation	n's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ot and title	rt applicable /NOTE: F	Pagistored Ager	t sian	ature required	when reinstating)	DATE		
12.	OFFICERS AN			13.	. 5,9,	otoro roquii ov	ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	PD	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DELETE	1.1 TITLE		<u> </u>			Chang	
NAME	CREAMER, JOHN M			1.2 NAME						į
STREET ADDRESS	6621 TIMBERWOOD CIR			1.3 STREET	ADD	RESS				Ì
CITY-ST-ZIP	PINELLAS PARK FL 33781			1.4 CITY-S	-ZIP	1				
TITLE	SD		☐ DELETE	2.1 TITLE					Chang	e 🔲 Addition
NAME	CREAMER, JAYNE L			2.2 NAME						
STREET ADDRESS	6621 TIMBERWOOD CIR			2.3 STREE	ADD	RESS	·			
CITY-ST-ZIP	PINELLAS PARK FL 33781			2. 4 CITY-5	T- ZIP	,] _			·	
TITLE	VD		☐ DELETE	3.1 TITLE					Chang	e 🗌 Addition 🕻
NAME	BUITRAGO, CARLOS O			3.2 NAME						
STREET ADDRESS	6301 58 ST N 106			3.3 STREE	ADD	RESS				
CITY-ST-ZIP	PINELLAS PARK FL 33781			3.4. CITY- 9	T-ZIP					
TITLE	VD	1	DELETE	4.1 TITLE		VI	0.46.11		Chang	e Addition
NAME	MARINO, JAMES	. Dot	E	4.2 NAME		ھد	imes P. Nault se Beach Drive SE	#26	09	
STREET ADDRESS	2780 62 TERR #A	1:0	officer	4.3 STREE	ADD	RESS OF	beach billo	n -n (. 1	1	
CITY-ST-ZIP	MARINO, JAMES 2780 62 TERR #A ST PETERSBURG FL 33710	- W		4.4 CITY-S	-ZIP	<u> \$†</u>	· Petersburg, FL	2501		
TITLE			☐ DELETE	5.1 TITLE					☐ Chang	e Addition
NAME				5.2 NAME			. :	•		{
STREET ADDRESS				5.3 STREE		1				{
CITY-ST-ZIP				5.4 CITY-S	r-ZIP	<u> </u>			Cherr	n
TITLE			☐ DELETE	6.1 TITLE					☐ Chang	je 🗌 Addition
NAME				6.2 NAME						'
STREET ADDRESS	1			6.3 STREE	AUU	KE22	•			

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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-4

Daytime Phone #

(2E034 (11/98)