

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000086176 (1)**

1. Corporation Name

CREATIVE COMMUNICATION CONTRACTORS, INC.



Principal Place of Business

Mailing Address

**4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304**

**4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304-1033**

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

05/23/1996

4. FEI Number

59-3344298

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOWMAN, HEATHER I
4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ICE, MARK	
STREET ADDRESS	RT 4, BOX 2474	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOWMAN, KIM	
STREET ADDRESS	RT 2, BOX 523	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOWMAN, HEATHER	
STREET ADDRESS	RT 2, BOX 523	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MERTZ, WAYNE	
STREET ADDRESS	4101 ARKLOW DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERTZ, BARBARA	
STREET ADDRESS	4101 ARKLOW DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSBEE, CHRIS	
STREET ADDRESS	1128 CARRIN DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ice, Mark	
1.3 STREET ADDRESS	RT 4, Box 2474	
1.4 CITY - ST - ZIP	Havana, FL 32333	
2.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bowman, Kim	
2.3 STREET ADDRESS	RT 2, Box 523	
2.4 CITY - ST - ZIP	Havana, FL 32333	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bus'ee, Chris	
6.3 STREET ADDRESS	1128 Carrin Dr.	
6.4 CITY - ST - ZIP	Tallahassee, FL 32311	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER LEE BUSBEE 4/18/97 (904) 580-3474

Date

Daytime Phone #

CR2E034 (9/96)