

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045281 (8)

1. Corporation Name

CREATIVE ANIMATION & GRAPHICS, INC.

Principal Place of Business

1935 BUCKWOOD DR.
TALLAHASSEE FL 32311

Mailing Address

1935 BUCKWOOD DR.
TALLAHASSEE FL 32311-4552

2. Principal Place of Business

21 2489 Needle Palm Way
Suite, Apt. #, etc.

2a. Mailing Address

26 2489 Needle Palm Way
Suite, Apt. #, etc.

23 City & State

Tallahassee, Fla.

24 Zip

32308

25 Country

USA

27 City & State

Tallahassee, Fla.

28 Zip

32308

30 Country

USA

9. Name and Address of Current Registered Agent

DAWS, SONYA K
318 N. MONROE ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

☒ 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

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 PD
NAME DAWS, STEPHEN C
STREET ADDRESS 2489 OLIVE DR. 338 Thornberg Dr.
CITY-STATE-ZIP TALLAHASSEE FL 32309 12

TITLE VD
NAME WILKINSON, MIRIAM S
STREET ADDRESS 1935 BUCKWOOD DR. 2489 Needle Palm Way
CITY-STATE-ZIP TALLAHASSEE FL 32311

TITLE STD
NAME DAWS, SONYA
STREET ADDRESS 2489 OLIVE DR. 338 Thornberg Dr.
CITY-STATE-ZIP TALLAHASSEE FL 32309 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME D
1.3 STREET ADDRESS Dominic Don Crain
1.4 CITY-STATE-ZIP 7732 Sugarbend Dr.
Orlando, FL 32819

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 300002164669--1
2.4 CITY-STATE-ZIP -05/02/97--01146--004
****165.00 ****165.00

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

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

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

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

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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/29/97

(904)222-3730

CR2E034 (9/96)