

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000080788**

1. Corporation Name

**CREATIVE MILLWORK & DESIGN OF GAINESVILLE, INC.**

Principal Place of Business  
**5210 SW 91ST TERR. SUITE A  
GAINESVILLE FL 32608**

Mailing Address  
**5210 SW 91ST TERR. SUITE A  
GAINESVILLE FL 32608**

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90004 039 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/25/1996**

4. FEI Number

**59-3404150**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5206 SW 91 Ter**

26 **4440 SW 35 Ter**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite A**

27 **Suite 103**

City & State

City & State

23 **Gainesville, FLA**

28 **Gainesville, FLA**

Zip

Zip

24 **32608**

Country

25 **USA**

29 **32608**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITULLI, PETER P  
19396 NW 132ND PL  
ALACHUA FL 32615**

81 Name

**Peter P Vitulli**

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

**3063 PAINTERS WALK**

83

84 City

**Flagler Bch**

**FL**

85 Zip Code  
**32136**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**7-28-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **VITULLI, PETER P**

STREET ADDRESS **5210 SW 91ST TERR, SUITE A**

CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE

**Peter P. Vitulli** ☒ Change ☐ Addition

1.2 NAME

**3063 PAINTERS WALK**

1.3 STREET ADDRESS

**Flagler Bch, FL 32136**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

**MARC Hebert** ☐ Change ☒ Addition

2.2 NAME

**204 Bishop Dr**

2.3 STREET ADDRESS

**GAINESVILLE, FL 32607**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

**D. PATRICIA S. Vitulli** ☐ Change ☒ Addition

3.2 NAME

**3063 PAINTERS WALK**

3.3 STREET ADDRESS

**Flagler Bch, FL 32136**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter P. Vitulli**

**7-28-99**

**352-335-1448**

Date

Daytime Phone #

CR2E034 (5/99)