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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## **FILED** May 08 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # P97000090714 (1) CREATIVE SCULPTURES INC. Principal Place of Business Mailing Address 9304 DENTON AVE 9304 DENTON AVE **HUDSON FL 34867** HUDSON FL 34667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3474228 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country Z<sub>IO</sub> 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOMMACK, WILLIAM P 9304 DENTON AVE 82 Street Address (P.O. Box Number is Not Acceptable) HUDSON FL 34667 **B3** 84 City 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 agont and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change WOMMACK, WILLIAM P MALE 1.2 NAME 9304 DENTON AVE STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34867** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Addition Change TITLE 2.1 TITLE WOMMACK, BOBBY NAME 2.2 NAME **9304 DENTON AVE** STREET ADDRESS 2.3 STREET ADDRESS **HUDSON FL 34667** 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition NAME 6.3 STREET ADDRESS

o suit-st-zir | fot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inoversed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lightess. 14. I hereby certify that the information supplied with this filling does indicated on this annual report or supplemental annual report is, officer or director of the corporation or the receiver or trustee et Block 12 or Block 13 if changed, or on an attayrment with an ac-

SIGNATURE:

FICER OF DIRECTOR