


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
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DOCUMENT # P98000064538

1. Corporation Name
S&S CREATIONS, INC.

Principal Place of Business
669 KINGSLEY AVE.
ORANGE PARK FL 32073

Mailing Address
669 KINGSLEY AVE.
ORANGE PARK FL 32073

2. Principal Place of Business

21 **11396 Kittrell Ln.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **11396 Kittrell Ln.**

Suite, Apt. #, etc.

City & State

23 **Jacksonville, FL**

Zip Country

24 **32220** 25 **U.S.**

City & State

28 **Jacksonville, FL**

Zip Country

29 **32220** 30 **U.S.**

9. Name and Address of Current Registered Agent

MICHAEL, JOAN O
669 KINGSLEY AVE.
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3524302

5. Certificate of Status Desired ☐

Applied For
Not Applicable
\$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 Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Michael Spencer**
82 Street Address (P.O. Box Number is Not Acceptable)
11396 Kittrell Ln.

83

84 City **Jacksonville** FL 85 Zip Code **32220**

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 **D** ☐ DELETE
NAME **SPENCER, MICHAEL**
STREET ADDRESS **85 DEBARRY AVE.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ DELETE
NAME **SEATON, JEFFREY**
STREET ADDRESS **85 DEBARRY AVE.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Spencer, Michael**
1.3 STREET ADDRESS **11396 Kittrell Lane**
1.4 CITY-ST-ZIP **Jacksonville, FL 32220**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
600003095436--0
-01/12/00--01009--006
*****750.00 ***750.00**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE: **Michael Spencer** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 (904) 415-1151
Date Daytime Phone

FILED

00 JAN -6 PM 2:07

SECRETARY OF STATE

