

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90185 032 ***150.00

DOCUMENT # P98000080727

1. Corporation Name

CREATIVE CONFECTIONS, INCORPORATED

Principal Place of Business

4428 WORTHINGTON CIR.
PALM HARBOR FL 34685

Mailing Address

4428 WORTHINGTON CIR.
PALM HARBOR FL 34685



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

59-3555197

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 969 VIRGINIA AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 4428 WORTHINGTON Circle
Suite, Apt. #, etc.

City & State

23 PALM HARBOR FL
Zip Country

24 34683

25 PINEHILLS

City & State

28 PALM HARBOR FL
Zip Country

29 34685

30 PINEHILLS

9. Name and Address of Current Registered Agent

NEWTON, JUDITH A
4428 WORTHINGTON CIR.
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name
NEWTON, Judith A.

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

4428 WORTHINGTON Circle

83

84 City
PALM HARBOR

FL

85 Zip Code
34685

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 Judith A. Newton Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME JUDITH A. NEWTON
STREET ADDRESS 4428 WORTHINGTON Circle
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VICE PRESIDENT ☐ DELETE
NAME DARLENE E. NEWTON
STREET ADDRESS 361 COUNTRYSIDE KEY Blvd
CITY-ST-ZIP Oldsmar, FL 34677

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: Judith A. Newton Judith A. Newton 4-28-99 (727) 784-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)