

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 20 AM 9:19

DOCUMENT # **S11313 (1)**

1. Corporation Name  
**CREATIVE CONSTRUCTION DESIGNS, INC.**

Principal Place of Business <b>G/O DYNAMIC REALTY 29182 US 19 N. CLEARWATER FL 34621</b>	Mailing Address <b>C/O DYNAMIC REALTY 29182 US 19 N. CLEARWATER FL 34621</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/07/1990</b>		3a. Date of Last Report <b>07/08/1994</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		4. FEI Number <b>59-3034812</b> Applied For Not Applicable	
2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Zip Country		29. Zip Country	
29. Zip Country		30. Zip Country	
29. Zip Country		30. Zip Country	

9. Name and Address of Current Registered Agent <b><del>AWAD, DOUGLAS</del> 29182 US 19 N. CLEARWATER FL 34621</b>				10. Name and Address of New Registered Agent			
				81. Name <b>ROBERT E. KENNEDY</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>29182 US 19 N</b>			
				83.			
				84. City <b>CLEARWATER</b> FL 85. Zip <b>34621</b>			

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: *Robert E. Kennedy* **ROBERT E. KENNEDY PRES. 6-14-95**  
(NOTE: Registered Agent signature required when incorporating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>AWAD, DOUGLAS A</del></b>	1.7 NAME	<b>ROBERT E KENNEDY</b>
STREET ADDRESS	<b>1723 TALL PINE CIRCLE</b>	1.3 STREET ADDRESS	<b>1771 BOY SCOUT ROAD</b>
CITY ST ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY ST ZIP	<b>ODessa, FL 33556</b>
TITLE	<b>D</b>	2.1 TITLE	<b>VP/IS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>AWAD, DEWEY</del></b>	2.2 NAME	<b>ROBERT H. LESLIE</b>
STREET ADDRESS	<b>528 TOBACCO QUAY</b>	2.3 STREET ADDRESS	<b>2744 MERLIN WAY</b>
CITY ST ZIP	<b>ALEXANDRIA VA</b>	2.4 CITY ST ZIP	<b>CLEARWATER, FL 34621</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 if my attachment with an address.

SIGNATURE: *Robert E. Kennedy* **ROBERT E. KENNEDY 6-11-95 (813) 704-3960**  
(NOTE: Registered Agent signature required when incorporating) DATE (Signature Title)  
**PRES.**

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
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PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Candice B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 11 1995

DOCUMENT # **S11422** (0)

1. Corporation Name  
**BAILES CHIROPRACTIC CLINIC, P.A.**

Principal Place of Business Mailing Address  
**4868 EAST DAVIS BLVD. NAPLES FL 33942-5338**  
**11 Templewood Ct MARCO ISL. FL 33937**  
**same**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/07/1990	01/21/1994
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3044200	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BAILES, JAMES O.</b> <b>4868 EAST DAVIS BLVD.</b> <b>NAPLES FL 33942</b> <i>11 Templewood Ct. MARCO ISL. FL 33937</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILES, JAMES O.	1.2 NAME	
STREET ADDRESS	4868 E. DAVIS BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. JAMES O. BAILES	2.2 NAME	
STREET ADDRESS	11 TEMPLEWOOD CT.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARCO, ISLAND FL 33937	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

*\* Need Address*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *James O. Bailes* 6-16-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)