**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)S99876 SUNDEK BY CREATIVE SURFACES, INC. Principal Place of Business Mailing Address P.O. BOX 2426 P.O. BOX 2426 HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3099760 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 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 29 ☐ No 24 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'QUINN, TED L . 11685 W CLEARWATER COURT 82 Street Address (P.O. Box Number is Not Acceptable) HOMOSASSA FL 34448 83 84 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 lamiliar 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE O'QUINN, TED L. NAME 1.2 NAME CR2E034 11685 W CLEARWATER COURT STREET ADDRESS 1.3 STREET ADDRESS HOMASASSA FL CITY-ST-2M 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 changing, or on an attachment with an address.

**63 STREET ADORESS** 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELFTE

4-50-98

352-628-0642

Addition

Change