# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V26247** **(9)**

1. Corporation Name

**S & B CREATIONS, INC.**

Principal Place of Business

P.O. DRAWER 60205
P.O. DRAWER 06205
FT. MYERS FL 33906
US

Mailing Address

P.O. DRAWER 60205
~~P.O. DRAWER 06205~~
FT. MYERS FL 33906
US

3. Date Incorporated or Qualified: **04/03/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0323767** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26 P.O. Drawer 60205
27 Suite 101
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D., JR.**
**12670 NEW BRITTANY BLVD., SUITE 101**
**FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1502, 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: _____ Date _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | ST | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHMIDT, ROBERT | | 1 NAME | |
| STREET ADDRESS | 3345 FOWLER STREET | | 1 STREET ADDRESS | |
| CITY, ST, ZIP | FT. MYERS FL | | 1 CITY, ST, ZIP | |
| TITLE | PD | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | SCHMIDT, B ANNETTE SUSI | | 2 NAME | |
| STREET ADDRESS | 3345 FOWLER STREET | | 2 STREET ADDRESS | |
| CITY, ST, ZIP | FT. MYERS FL | | 2 CITY, ST, ZIP | |
| TITLE | | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3 NAME | |
| STREET ADDRESS | | | 3 STREET ADDRESS | |
| CITY, ST, ZIP | | | 3 CITY, ST, ZIP | |
| TITLE | | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4 NAME | |
| STREET ADDRESS | | | 4 STREET ADDRESS | |
| CITY, ST, ZIP | | | 4 CITY, ST, ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | |
| STREET ADDRESS | | | 5 STREET ADDRESS | |
| CITY, ST, ZIP | | | 5 CITY, ST, ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6 NAME | |
| STREET ADDRESS | | | 6 STREET ADDRESS | |
| CITY, ST, ZIP | | | 6 CITY, ST, ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. 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, added or deleted.

**SIGNATURE:** B Annette Susie Schmidt 4-20-96 941-275-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #