

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 13 AM 9:10

DOCUMENT # V43519 (0)

1. Corporation Name

CREATIVE MARKETING OF TALLAHASSEE, INC.

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1163 MARCH ROAD
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 6926
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1992

3a. Date of Last Report

02/09/1994

4. FEI Number

59-3128569

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 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

STEPHENSON, JEFFREY D
1163 MARCH ROAD
TALLAHASSEE FL 32311

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 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 of association

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STEPHENSON, JEFFREY D
STREET ADDRESS 1163 MARCH ROAD
CITY, ST, ZIP TALLAHASSEE FL 32311

TITLE V
NAME STEPHENSON, MARIE JOY
STREET ADDRESS 1163 MARCH ROAD
CITY, ST, ZIP TALLAHASSEE FL 32311

TITLE T
NAME MOLANDER, DOUGLAS D
STREET ADDRESS P.O. BOX 6926 N/A
CITY, ST, ZIP TALLAHASSEE FL 32314

TITLE S
NAME MOLANDER, MARIE F
STREET ADDRESS P.O. BOX 6926 N/A
CITY, ST, ZIP TALLAHASSEE FL 32314

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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*****225.00 *****225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(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 person or person 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 attached copy with an affidavit.

SIGNATURE:

Jeffrey D. Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-95 (904) 877-2065
Date (Optional Phone #)

CR2E034 (3/95)