

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 # 332601 (4)

1. Corporation Name

BIG CYPRESS CORPORATION OF HENDRY COUNTY



Principal Place of Business

Mailing Address

~~C/O FRANK J. RIEF, III~~
~~100 NORTH TAMPA STREET~~
~~TAMPA, FL 33602~~

~~C/O FRANK J. RIEF, III~~
~~100 NORTH TAMPA STREET~~
~~TAMPA, FL 33602~~

2. Principal Place of Business

2a. Mailing Address

21 c/o F. J. Rief, III
Suite, Apt. #, etc. # 2800

26 c/o/ Frank J. Rief, III
Suite, Apt. #, etc. # 2800

22 100 North Tampa Street

27 100 North Tampa St.

23 Tampa, Florida

28 Tampa, Florida

24 Zip 33602 Country U.S.A.

29 Zip 33602 Country U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/17/1968

3a. Date of Last Report
01/25/1995

4. FEI Number
59-1972987

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

10. Name and Address of New Registered Agent

81 Name Frank J. Rief, III

82 Street Address (P.O. Box Number is Not Acceptable)
100 North Tampa St

83 Suite 2800

84 City Tampa

FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 of the person who is the registered agent or, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

2/2/96

12. OFFICERS AND DIRECTORS

TITLE ~~PST~~
NAME ~~ENGELHARDT, LEO W.~~
STREET ADDRESS ~~1308 GASPARILLA~~
CITY-STATE-ZIP ~~FORT MYERS FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S. T. & D. ☒ Change ☐ Addition

1.2 NAME Beverly J. Engelhardt

1.3 STREET ADDRESS P.O. Box 241 N/A

1.4 CITY-STATE-ZIP Clewiston, FL 33440

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V.P. & D.

2.3 STREET ADDRESS Susan P. Engelhardt

2.4 CITY-STATE-ZIP 1308 Gasparilla Dr.

3.1 TITLE Ft. Myers, FL 33901 ☐ Change ☒ Addition

3.2 NAME D-

3.3 STREET ADDRESS Frank J. Rief, III

3.4 CITY-STATE-ZIP 100 North Tampa St. #2800

4.1 TITLE Tampa, FL 33602 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 on an attachment with an address.

SIGNATURE: Beverly J. Engelhardt 2-1-96 941-983-3035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)