

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

APPROVED AND FILED

95 APR 13 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001456235

-04/14/95--01011--003

****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 408432
1. Corporation Name
Cypress Foods, Inc. 408432

Principal Place of Business Mailing Address
702 42nd St. N.W. 702 42nd St N.W.
Winter Haven, Fl 33881 Winter Haven, Fl 33881

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 09/11/1972 3a. Date of Last Report 04/07/1994
4. FEI Number 59-141551 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
Biggers, James R.
702 42nd St N.W.
Winter Haven, FL 33881

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 _____ DATE _____
Signature (typed or printed name of registered agent and the filer) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE	P/C/D
NAME	Biggers, James R.
STREET ADDRESS	702 42nd St N.W.
CITY - ST - ZIP	Winter Haven, Fl 33881
TITLE	S/D Delete
NAME	Conley, Susan E.
STREET ADDRESS	702 42nd St N.W.
CITY - ST - ZIP	Winter Haven, Fl 33881
TITLE	T/D
NAME	Oswald, Joyce V.
STREET ADDRESS	702 42nd St N.W.
CITY - ST - ZIP	Winter Haven, Fl 33881
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Biggers, James R.
1 3 STREET ADDRESS	702 42nd St N.W.
1 4 CITY - ST - ZIP	Winter Haven, Fl 33881
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	Oswald, Joyce V.
3 3 STREET ADDRESS	702 42nd St N.W.
3 4 CITY - ST - ZIP	Winter Haven, Fl 33881
4 1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	Quinn, Brenda
4 3 STREET ADDRESS	702 42nd St N.W.
4 4 CITY - ST - ZIP	Winter Haven, Fl 33881
5 1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5 2 NAME	Vance, David
5 3 STREET ADDRESS	702 42nd St N.W.
5 4 CITY - ST - ZIP	Winter Haven, Fl 33881
6 1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	Gordon, Jennifer
6 3 STREET ADDRESS	702 42nd St N.W.
6 4 CITY - ST - ZIP	Winter Haven, Fl 33881

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 the 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: David Vance
David Vance, Financial V/P

4/7/95 813-967-9300

DW 4-13-95