

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90060 049 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 408432

1. Corporation Name
CYPRESS FOODS, INC.

Principal Place of Business 702 42ND ST. NW WINTER HAVEN FL 33881	Mailing Address 702 42ND ST. NW WINTER HAVEN FL 33881
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. Box 1700	09/11/1972	
22	City & State	27	Winter Haven, FL	4. FEI Number	
23	Zip	28	33883-1700	59-1415511	
24	Country	29	Country	Applied For	
		30	POIK	Not Applicable	
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
			8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIGGERS, JAMES R 702 42ND STREET, N.W. WINTER HAVEN FL 33881				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIGGERS, JAMES R	1.2 NAME	JAMES MARKLE
STREET ADDRESS	702 42ND STREET N.W.	1.3 STREET ADDRESS	106 NICHOLS ST
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	BLACKSHEAR GA 31516
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEFFER, ALICE D	2.2 NAME	Alice L. Keffer
STREET ADDRESS	702 42ND ST. N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, BRENDA	3.2 NAME	
STREET ADDRESS	702 42ND ST. NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JENNIFER	4.2 NAME	
STREET ADDRESS	702 42ND ST., N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, DAVID	5.2 NAME	
STREET ADDRESS	702 42ND ST, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice L. Keffer Date: 1/20/99 (94) 967-9300

CR2E034 (11/98)