

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90011 026 ***150.00

DOCUMENT # 408432

1. Entity Name

CYPRESS FOODS, INC.

Principal Place of Business

Mailing Address

702 42ND ST. NW
 WINTER HAVEN FL 33881

PO BOX 1700
 WINTER HAVEN FL 33882-1700

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Cypress Foods, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1700

City & State

WINTER HAVEN, FL

4. FEI Number

59-1415511

Applied For

Not Applicable

Zip

Country

Zip

Country

33882

Palk

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGGERS, JAMES R
702 42ND STREET, N.W.
WINTER HAVEN FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BIGGERS, JAMES R	
STREET ADDRESS	702 42ND STREET N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KEFFER, ALICE L	
STREET ADDRESS	702 42ND ST. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	P	<input type="checkbox"/> Delete
NAME	QUINN, BRENDA	
STREET ADDRESS	702 42ND ST. NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARKLE, THOMAS	
STREET ADDRESS	106 NICKOLS ST	
CITY-ST-ZIP	BLACKSHEAR GA 31516	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VANCE, DAVID	
STREET ADDRESS	702 42ND ST, NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alice L. Keffer (Alice L. Keffer)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

(863) 967-9300

Daytime Phone #

CR2E034 (9/99)