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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 567491

1. Corporation Name

NAME

STREET ADDRESS

SUNBELT CYPRESS & SUPPLY CO., INC.

Principal Place of Business	Mailing Address			
4530 OLD TAMPA HWY KISSIMMEE FL 34746-4262	4530 OLD TAMPA HW KISSIMMEE FL 34746-			

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

03-02-1999 90128 033 ***150.00



Principal Place of Business Mailing Address						((23(6) Aure Effit (40)) Bridt (10) arek arek arek arek arek arek						
4530 OLD TAMPA HWY KISSIMMEE FL 34746-4262			4530 OLD TAMPA HWY KISSIMMEE FL 34746-4262									
						<u> </u>	DO NOT WRITE IN THIS SPACE					
						1	Incorporated or Qualifed					
							<u>31/1978</u>					
Principal Place of Business 2a. Mailing Address					4. FEII			Appl	lied For			
21		26				59-	<u> 18100 19 </u>			Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certi	5. Certificate of Status Desired See Required Fee Required						
City & Sta	te	28	City & State				Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country		Zip	Country	/	8. This	corporation owes the curr	rent year Intangible				
24	25	29	30				sonal Property Tax.	∫Yes	. [JNo		
9. Name and Address of Current Registered Agent					10. Nam	10. Name and Address of New Registered Agent						
				81	Name							
KEMPF, FREDERICK % WALKIN CO. 101 WYMORE RD, #175					5	- (D O D	ddress (P.O. Box Number is Not Acceptable)					
				82	Street	Address (P.O. B	able)					
ALTAMONTE SPRINGS FL 32701			83									
				84	City		num nersen → ners		Zip Co	ode		
office or	to the provisions of Sections 607. registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florio	ia. Such change was auth	orized by	the corpo	corporation subroration's board o	mits this statement for the of directors. I hereby accept	purpose of changing the appointment	ig its re as regi	agistered stered		
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable (NOTE: Re	gistered Age	nt signature r	required when reinstatin	ng) - 14.	DATE	****			
12. OFFICERS AND DIRECTORS 13.				13.		ADDI*	TIONS/CHANGES TO OF					
TITLE	PD		☐ DELETE	1.1 TITLE				☐ Cha	ange	☐ Addition		

DAWSON, WALTER NAME 1.2 NAME 2743 SANBINA STREET 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change WALTER DAWSON JR DELETE TITLE 2.1 TITLE 1135 SEA FARERLANE DAWSON, F.A. 2.2 NAME NAME 2743 SANBINA STREET STREET ADDRESS 2.3 STREET ADDRESS 32708 WINNER SPRINGS, WINTER PARK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change - ☐ Addition 31TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 7 NG OFFICER OR DIRECTOR

CR2E034 (11/98)