**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

# PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -0 PM 12:25

DOCUMENT # 571775 (6)

1. Corporation Name
CYPRESS CITY INVESTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1981 - 42ND ST.NW<br>WINTER HAVEN FL 33881 | P. O. BOX 2952<br>WINTER HAVEN FL 33883-2952<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1978
3a. Date of Last Report: 08/08/1994

21 2. Principal Place of Business: 1981 42nd St. N.W.
22 Suite, Apt. #, etc.: Winter Haven
23 City & State: 33881
24 Zip: FL
25 County: Polk

26 2a. Mailing Address: P.O. Box 2952
27 Suite, Apt. #, etc.: Winter Haven
28 City & State: 33883-2952
29 Zip: FL
30 County: Polk

4. FEI Number: 59-1822391 ☐ 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

9. Name and Address of Current Registered Agent

BETTY POWELL
~~545 AVE., E., S.E.~~ 506 Sidney Cir
WINTER HAVEN FL ~~33881~~ 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: Betty Powell Secty-Treas 7-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | POWELL, JOHNNY | 12 NAME | |
| STREET ADDRESS | ~~1028 BILTMORE DR., NW~~ 506 Sidney Cir | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 14 CITY-ST-ZIP | |
| TITLE | ST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | POWELL, BETTY | 22 NAME | |
| STREET ADDRESS | ~~1028 BILTMORE DR., NW~~ 506 Sidney Cir. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(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.

SIGNATURE: Betty Powell Secty-Treas 7-28-95 (941) 967-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160084 FP