

www?

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

[illegible]

1. Entity Name
CYPRESS CITY INVESTMENTS, INC.

Mailing Address

P. O. BOX 2952
WINTER HAVEN FL 33883-2952
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required ***

7. Name and Address of New Registered Agent

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 | P | <input type="checkbox"/> Delete |
| NAME | POWELL, JOHNNY | |
| STREET ADDRESS | 2609 AVE I N.W. | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |

| | | |
|-----------------|-----------------------|----------------------------------|
| TITLE | ST | <input type="checkbox"/> Deleted |
| NAME | POWELL, BETTY | |
| STREET ADDRESS | 2609 AVE I N.W. | |
| CITY - ST - ZIP | WINTER HAVEN FL 33881 | |

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

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

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

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

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

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

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

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

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| 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: Stacy Lowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000 (813) 967-5466

CR2E034 (3/99)