

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 615264 (9)

1. Corporation Name

BUNNELL CYPRESS COMPANY, INC.



Principal Place of Business

SAWGRASS ROAD  
P.O. BOX 1207  
BUNNELL FL 32110  
US

Mailing Address

~~FAIRGROUND RD.~~  
P.O. BOX 1207  
BUNNELL FL 32110

3. Date Incorporated or Qualified

03/26/1979

3a. Date of Last Report

07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 1207

27

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Bunnell, FL

29

32110

30

U.S.A.

4. FEI Number

59-1912882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CREWS, CECIL SCOTT  
SAWGRASS ROAD  
BUNNELL FL 32110

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 607.1504, 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

(Signature typed or printed name of registered agent and Florida address)

(Signature typed or printed name of new registered agent and Florida address)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P  
CREWS, C. SCOTT  
5503 JOHN ANDERSON  
FLGLER BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

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)(k), 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

(904)

437-2205

CR2E034 (12/95)