FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F19034** **(0)**

1. Corporation Name

CYPRESS REALTY OF TALLAHASSEE, INC.

Principal Place of Business
2549 MARSTON RD.
PO BOX 13485
TALLAHASSEE FL 32317

Mailing Address
2549 MARSTON RD.
PO BOX 13485
TALLAHASSEE FL 32317

3. Date Incorporated or Qualified: **02/10/1981**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2066324** ☐ 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

2. Principal Place of Business
21 315-A N. Copeland
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, Fla.
24 Zip: 32304 25 Country: USA

2a. Mailing Address
26 PO Box 13485
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, Fla.
29 Zip: 32317 30 Country: USA

9. Name and Address of Current Registered Agent
RODBY, DEBORAH A.
STAR RT. 1 BOX 3500-9A
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent
81 Name: RODBY, Deborah A.
82 Street Address (P.O. Box Number is Not Acceptable): H.C. 1 Box 3500-9A
83 Parramore Shores Road
84 City: Tallahassee FL 85 Zip Code: 32310

11. Pursuant to the provisions of Sections 607.0502 and 607.150(6), 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: Deborah A Rodby — Signature, Typed or Printed Name of Registered Agent — Deborah A. Rodby — Registered Agent Signature required for filing — DATE: 4/12/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODBY, DEBORAH A		1.2 NAME		
STREET ADDRESS	STAR RT 1 BOX 3500-9A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE,F L.		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TALLEY, HERBERT W SR.		2.2 NAME		
STREET ADDRESS	2549 MARSTON RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODBY, DEBORAH A		3.2 NAME		
STREET ADDRESS	STAR RT 1 BOX 3500-9A		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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 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: Deborah A Rodby — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/12/96 — Daytime Phone #: 904-222-5187

CR2E034 (12/95)