

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H49896** (4)
1. Corporation Name
FLORIDA CYPRESS GARDENS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2641 S LAKE SUMMIT DR.
CYPRESS GARDENS FL 33884**

Mailing Address
**P.O. BOX 1
CYPRESS GARDENS FL 33884**

3. Date Incorporated or Qualified

04/01/1985

4. FEI Number

59-2515569

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANN, JOHN L
105 S FLORIDA AVE.
LAKELAND FL 33801**

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

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 ☐ DELETE

**P
REYNOLDS, WILLIAM C
250 HERNANDO ROAD SE
WINTER HAVEN FL 33884**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☒ Addition

**V
CREEDON, SHARON L.
235 NASSAU RD. SE
WINTER HAVEN, FL 33884**

TITLE ☐ DELETE

**ST
KEHOE, ROBERT J
215 LOGAN LANE**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**V
BROCK, DENNIS
P.O. BOX 72 N/A
CYPRESS GARDENS FL 33884**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**V
LABUDA, GLENN
1605 HIGH POINT CT SW
WINTER HAVEN FL 33880**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**V
JONES, DEBORAH
7042 BLACK ROAD
LAKE WALES FL 33884**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

**V
BRANCH, DEBORAH
2112 EDGEWATER CIRCLE
WINTER HAVEN, FL 33880**

TITLE ☐ DELETE

**V
TRUPIANO, THOMAS
2107 JONATHAN LANE
WINTER HAVEN FL 33884**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

J. ROBERT KEHOE

Feb 26 98

CR2E034 (10/97)