

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H49896

1. Corporation Name  
FLORIDA CYPRESS GARDENS, INC.

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

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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90040 044 \*\*\*155.00



DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	REYNOLDS, WILLIAM C	
STREET ADDRESS	259 HERNANDO ROAD SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ST	DELETE
NAME	KEHOE, ROBERT J	
STREET ADDRESS	716 LOGAN LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	DELETE
NAME	BROCK, DENNIS	
STREET ADDRESS	P.O. BOX 72 N/A	
CITY-ST-ZIP	CYPRESS GARDENS FL 33884	
TITLE	V	DELETE
NAME	LABUDA, GLENN	
STREET ADDRESS	1605 HIGH POINT CT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	DELETE
NAME	BRANCH, DEBORAH	
STREET ADDRESS	2112 EDGEWATER CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	DELETE
NAME	TRUPIANO, THOMAS	
STREET ADDRESS	2107 JONATHAN LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	Change Addition
1.2 NAME	Reynolds, William C.	
1.3 STREET ADDRESS	50 Skidmore Rd.	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
2.1 TITLE	S, T, D	Change Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V, D	Change Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V, D	Change Addition
4.2 NAME	LaBuda, Glenn	
4.3 STREET ADDRESS	3440 Lakeview Dr., S.E.	
4.4 CITY-ST-ZIP	Winter Haven, FL 33884	
5.1 TITLE	V, D	Change Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V, D	Change Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*Robert J. Kehoe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 1999

Date

Daytime Phone #

941-324-2111

CR2E034 (11/98)

238217-90040-244  
H49896

PROFIT CORPORATION ANNUAL REPORT 1999

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Please add to section 12 the following:

V, D

Sharon Creedon  
25 Vagabond Lane  
Winter Haven, FL 33881