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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H89412

CYPRESS LOG HOMES, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90054 019 ***150.00



Principal Place of Business Mailing Address									
% DANA L. FREEL % DANA L. FREEL 17879 SE 95TH ST RD 17879 SE 95TH ST RD OCKLAWAHA FL 32179 OCKLAWAHA FL 32169						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed 12/11/1985			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 26						59-2633156		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional		
City & State	e	City & State	¬			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip		Co	Country		8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Curr	ent Registered Agent	·	L.		10. Name and Address of New Register	red Agent		
				81	Name			}	
FREEL, DANA L. 17879 SE 95TH ST RD				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
OKL	AWAHA FL 32179			83					
				84	City		FL 85 Zi	ip Code	
				إلل				ite regietered	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Star m familiar with, and accept the obli	e of Florida. Such change was a	authorize	d bv	the corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE						<u></u>			
	Signature, typed or printed name of registered a	8		d Agen	t signature required			TODO (1) 40	
12.		AND DIRECTORS	13.		 	ADDITIONS/CHANGES TO OFFICERS	Chang		
TITLE	DP	☐ DELETÉ	1.1 T					,	
NAME	FREEL, DANA L.			AME				1	
STREET ADDRESS	17879 SE-95TH ST RD		- 8		ADORESS			1	
CITY-ST-ZIP	OCKLAWAHA FL 32179	DELETE	_	TY-S	T-ZIP		Chang	ge Addition	
ΠLE			2.1 T					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME		•		IAME				1	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		CITY-S	T-ZIP		Chang	ge Addition	
TITLE:		C) DELETE	3.1 7					,,,	
NAME				IAME	***************************************				
STREET ADDRESS					ADDRESS			\	
CITY-ST-ZIP	- *	□ DELETÉ	3.4. 0 4.1 T	CITY-S	1-ZIP		☐ Chang	ge Addition	
TITLE	••			NAME			_ `		
NAME	_				ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	5.1 T	ITY-SI	1-217		Chang	ge Addition	
TITLE		<u></u>		IAME	1			. –	
NAME STREET ADDRESS			- 6		ADDRESS				
STREET ADDRESS				ITY-SI					
CITY-ST-ZIP		☐ DELETE		ITLE			Chang	ge Addition	
		_ 522210		AME	-			_	
NAME					ADDRESS			1	
STREET ADDRESS	43. 生态		0.3		770				

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:

REQUIRDANA L. Freel

352-288-5667

Daytime Phone #