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 # **K96718** **(7)**

1. Corporation Name

CYPRESS HOMES, INC.

Principal Place of Business	Mailing Address
101 AMERICAN CENTER PLACE P.O. BOX 874 BRANDON FL 33509	101 AMERICAN CENTER PLACE P.O. BOX 874 BRANDON FL 33509

3. Date Incorporated or Qualified: 06/08/1989
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21: 601 S. FALKENBURG
Suite, Apt. #, etc. 22: Bldg 1 Unit 4
City & State 23: Tampa FL
Zip 24: 33619 Country 25: Hillsborough

2a. Mailing Address
26: P.O. Box 874
Suite, Apt. #, etc. 27:
City & State 28: BRANDON FL
Zip 29: 33509 Country 30: Hillsborough

4. FEI Number: 59-2950142 ☐ 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

9. Name and Address of Current Registered Agent

ORY, RONNIE J.
1725 BRANDON TRACE AVE
BRANDON FL 33510

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 607.1501, 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 _____ (If Changing Registered Agent, Signature of New Registered Agent Required Below) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORY, LINDA L.		1.2 NAME		
STREET ADDRESS	1725 BRANDON TRACE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ORY, RONNIE J.		2.2 NAME		
STREET ADDRESS	1725 BRANDON TRACE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	V	☑ Change ☐ Addition
NAME	ORY, BRETT A.		3.2 NAME	ORY, BRETT A.	
STREET ADDRESS	721 SUNBRIGHT DR.		3.3 STREET ADDRESS	305 Hughes	
CITY-ST-ZIP	MANGO FL		3.4 CITY-ST-ZIP	BRANDON, FL 33511	
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		

CR2E034 (12/95)

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: Linda L. ORY — 1/13/96 — 813-661-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number