PROFIT CORPORATION ANNUAL REPORT:

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # L69921

1. Corporation Name

CYPRESS VAC & SEW SALES & SERVICE, INC.

Principal Pla	ce of Business	Mailing Address	Mailing Address			Transfer and although the first transfer		
3830 SUNCITY	CENTER BLVD.	3830 SUNCITY CENTER B	3830 SUNCITY CENTER BLVD.					
SUITE 103		SUITE 103	SUITE 103					
Ruskin FL 33	3573-6820	RUSKIN FL 33573-6820	RUSKIN FL 33573-6820			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/30/1990		ļ
	Disease of Dusiness	n Mailing Address				4. FEI Number	ritz	Applied For
2. Principal Place of Business 2a. Mailing Address						59-3008891	└	Not Applicable
21	4 -1-		Suite, Apt. #, etc.			59-5000091		Additional
Suite, Apt	i. #, etc.	⊢				5. Certifcate of Status Desired		Required
22			City & State			- Fleeties Communica Financias		0 May Be
City & Sta	ate	— ·	28		6. Election Campaign Financing Trust Fund Contribution		to Fees	
Zip	Country		Zip Country				3 10 1 000	
— і	25 29 30			8, This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No				
24 25 29 3 9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Register				
	g, Namo una Adaress en	an a		81	Name	والمراجع المنافية المنافية المنافية المنافية المنافية المنافية		
PYL	E, TERRENCE F.							
6544 US 41				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 104-B				83				
l	OLLO BEACH FL 33572-31	126					,,	
				84	City	F	85 Zi	o Code
	4.4-4b	COZ DEO2 and COZ 1500 Florida State	toc the a		named corner	ation submits this statement for the purpose	- _ :	ts registered
l office or	registered agent, or both, in th	he State of Florida. Such change was	authonzed	DУ	the corporation	's board of directors. I hereby accept the app	ointment as	registered
agent. I	am familiar with, and accept th	he obligations of, Section 607.0505, FI	orida Statu	ites.				
SIGNATURE					signature required w	when reinstating) DATE		
	Signature, typed or printed name of regi	CERS AND DIRECTORS	13.	Agen	signature required w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.	DP-	DELETE	13. 1.1 TIT	LF.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	BENEFIELD, LYMAN	_ Dece,e	1.2 NA					_
NAME		10	- 1		ADDOCCO			
STREET ADDRES		13			ADDRESS			
CITY-ST-ZIP	RUSKIN FL	□ DELETE	DELETE 2.1 TITL		-ZIP		Change	e
TITLE	501				İ	•		
NAME	BENEFIELD, ROBERTA	_	2.2 NA		1			
STREET ADDRES	1	03	2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	RUSKIN FL		2. 4 CI		T-ZIP			Addition
TITLE		☐ DELETÉ	3.1 TIT				Change	e ☐ Addition
NAME		ر يدوست مرسم خبات الا سيروال	3.2 NA	ΜE	- جد سر.			
STREET ADDRES	s		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. C	TY-S	T-ZIP			
TITLE		☐ DELETE	4.1 111	LE.			Change	e
NAME			4. 2 N	WE	1			
STREET ADDRES	s .	•	4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 Cf	Y-S1	r-ZtP			
TITLE		☐ DELETE	5.1 TIT	LE			Change	e 🔲 Addition
NAME	•		5.2 NA	ME		·		
STREET ADDRES	1				i i			
1	SI		5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	S		5.3 ST		1			

6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

(BIM.)

FILED

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90164 032 ***150.00

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