

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N25800

(6)

1. Corporation Name

HOMES OF CYPRESS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:42

Principal Place of Business

4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE FL 32224

Mailing Address

4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1988

3a. Date of Last Report

08/10/1994

4. FBI Number

59-2913175

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, RICHARD
12136 SPRINGMOOR NINE CT
JACKSONVILLE FL 32225

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AHLWARDT, ELMER L.
STREET ADDRESS 601 BAY STREET
CITY-ST-ZIP NEPTUNE BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME JOHNS, THOMAS H.
STREET ADDRESS 9901 CHEROKEE LN
CITY-ST-ZIP LEAWOOD KS

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME VROMAN, KAREN
STREET ADDRESS 12744 BENNINGTON CMMN LN
CITY-ST-ZIP ST. LOUIS MO

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME TRITT, ARNOLD
STREET ADDRESS 3745 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME WHITE, JAMES F.
STREET ADDRESS 1740 LOCHCREST DRIVE
CITY-ST-ZIP BALLWIN MO

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LUDWIG, RICHARD B
STREET ADDRESS 4600 MIDDLETON PARK CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32224

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in a written instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Ludwig

Date

(904) 223-6100

Daytime Phone #