## 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 # **P92000011299**

CYPRESS FOODS MANAGEMENT GROUP, INC.

	•									
Principal Place	e of Business	Mailing Address	_				I MARIE ELEVE BERNE 1	1911: EBI!! <b>BB!B</b> !		#  #  #   ##
3877 RECKEN HWY P. O. BOX 9021 SUITE #4 WINTER HAVEN FL 33883-9 WINTER HAVEN FL 33880 US			<b>102</b> 1							•
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate				
- <del>-</del>						12/07/1992				
2. Principal Pl	lace of Business	2a. Mailing Address	_			4. FEI Number			Apı	plied For
21 26						59-3153797		· ···· -		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Sta	atus Desired		\$8.75 A Fee Re	
22 City 9 State	· · · · · · · · · · · · · · · · · · ·	City & State		<del></del>	•	& Floation Compo	ian Einanaina	-	\$5.00	<u> </u>
- ···, ··· - ····						6. Election Campa	-	' <sub>□</sub>	Added t	
<b>Zip</b>	Country	Zip	Cour	ntry		8. This corporation		rrent year Int	•	
24	25	29	30			Personal Prope	rty Tax.	-	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Add	ress of New	Registered	Agent	
CALA	MANG PAREDTA			81 1	Name		•			
SAMMONS, ROBERT O  139 AVENUE C'SW  WINTER HAVEN FL			ļ	82 Street Addres		ess (P.O. Box Number	is Not Accep	table)		
			}	83		<del></del>			<u>م روي د د د د د د د د د د د د د د د د د د د</u>	Mudral
							14 1/2 2			
				84 (	City	•	•	FL	85 Zip C	Code
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was a	es, the ab	ove-n	named corporation	oration submits this sta on's board of directors.	tement for the	e purpose of ept the appoi	changing its intment as reg	registered gistered
				ites						
la	in familia with, and accept the congate	3/18 OI, 3ection 007.0303, 1 tol	nua Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	ites.	ignature required	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	: Registered /	Agent s	ignature required	ADDITIONS/CH/	NGES TO O			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND DP	and title if applicable. (NOTE:	Registered A	Agent si	ignature required		ANGES TO O		ND DIRECTO	PRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J	and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NA	Agent si		ADDITIONS/CH/	ANGES TO O			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J PO BOX 818 N/A	and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI	Agent st	DDRESS	ADDITIONS/CH/	ANGES TO O			
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent of Printed Name of Printed And OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839	and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI	Agent sk LE ME REET AL Y-ST-Z	DDRESS	ADDITIONS/CH/	ANGES TO O			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J PO BOX 818 N/A	and title if applicable. (NOTE:  DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent si LE ME REET AL Y-ST-Z	DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent in OFFICERS AND OFFICERS	and title if applicable. (NOTE:  DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent sk LE ME REET AL Y-ST-Z LE	DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent of PFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT 2.7 CIT 2	Agent sk LE ME REET AL Y-ST-Z LE ME REET AL TY-ST-2	DDRESS TYP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of PFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD	and title if applicable. (NOTE:  DIRECTORS  DELETE	13. 1.1 IIII 12 NAI 1.3 STF 1.4 CIT 2.1 TIM 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIM	Agent sk  LE  ME  REET AL  Y-ST-Z  LE  ME  REET AL  TY-ST-Z	DDRESS TYP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	Agent sk LE ME REET AL Y-ST-Z LE ME REET AL TY-ST-Z LE ME REET AL	DDRESS ZIP DDRESS ZIP	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent sk  LE  ME  REET AL  Y-ST-Z  LE  ME  REET AL  IY-ST-Z  LE  ME  REET AL  REET AL  REET AL  REET AL  REET AL	DDRESS DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2. 4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.7 NAI 3.5 TITI 3.7 NAI 3.7 NA	Agent sk  LE  ME  REET AL  Y-ST-Z  LE  ME  REET AL  TY-ST-Z  LE  ME  REET AL  TY-ST-Z	DDRESS DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent si LE ME REET AL Y-ST-Z LE ME REET AL TY-ST-Z LE ME REET AL TY-ST-Z LE ME	DDRESS DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4. 2 NAI	Agent si LE ME REET AL LE ME REET AL TY-ST-Z LE ME REET AL LE ME REET AL	DDRESS DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent of FICERS AND OFFICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.1 TITI 4.2 NAI 4.3 STF 4.3 STF	Agent si LE ME REET AL LE ME REET AL TY-ST-Z LE ME REET AL LE ME REET AL	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.1 TITI 4.2 NAI 4.3 STF 4.3 STF	Agent si LE ME REET AL LE ME REET AL LE ME REET AL LY-ST-Z LE ME REET AL REET AL REET AL REET AL REET AL REET AL	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	Agent si LE ME REET AL LE ME REET AL LE ME REET AL LE ME REET AL LE AME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of FICERS AND DP FORD, TOMMY J PO BOX 818 N/A EAGLE LAKE FL 33839 DVS SALMI, KEITH G 9435 W. LAKE MARION ROAD HAINES CITY FL 33844	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.5 TITI 5.2 NAI 5.3 STF	Agent si LE ME REET AL LE ME REET AL LE ME REET AL LE ME REET AL LE AME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CH/	ANGES TO O		☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition

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

SIGNATURE:

NAME

STREET ADDRESS

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90047 008 \*\*\*150.00