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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021856 (8)

1. Corporation Name

CYCLONE PROPERTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
4915 BARTLETT DR PO BOX 9762  
TAMPA FL 33603 TAMPA FL 33672  
US

3. Date Incorporated or Qualified 03/19/1993  
3a. Date of Last Report 04/08/1994

2. Principal Place of Business 21  
2a. Mailing Address 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-3176586  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip 24 Country 25 28 Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAWLEY, THOMAS S  
4915 BARTLETT DR.  
TAMPA FL 33603

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 *Thomas S. Cawley* Thomas S. Cawley - Pres. 1/20/95  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CAWLEY, THOMAS S  
STREET ADDRESS 4915 BARTLETT DR  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33603

TITLE D  
NAME DUNCAN, RALPH C  
STREET ADDRESS 2903 WEST BURKE STREET  
CITY-ST-ZIP TAMPA FL 33614

2.1 TITLE Vice President  Change  Addition  
2.2 NAME Andrea S. Ranelle  
2.3 STREET ADDRESS 4915 W. Bartlett Dr.  
2.4 CITY-ST-ZIP TAMPA FL 33603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)(b), 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: *Andrea Ranelle* Andrea Ranelle 1/20/95 813-238-0881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)