FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000029709 (1)

DOCUMENT #
1. Corporation Name

CYPRESS CREEK TREE FARM OF TAMPA, INC.

Principal F	Plac	e of B	lusiness
19091	N.	DALE	MARRY

Mailing Address



19091 N. DALE MABRY LUTZ FL 33549		P.O. BOX 17286 TAMPA FL 33612					
					3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 06/30/1995	
		2a. Mailing Address 26			4. FEI Number 59-3190346	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & State 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	29 30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No.		
	9. Name and Address of Curre	nt Registered Agent		···	10. Name and Address of New R	egistered Agent	
1201 H	ration information servi Ays St. IASSEE FL 32301	CES INC.	8 8 8	2 Street Add	ress (P.O. Box Number is Not Acceptab	(e) 85 Zip Code	
		···		ĺ			
Or registere	the provisions of Sections 607,050 diagent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such Change was admon.	zea by the cor	named corpo poration's boa	oration submits this statement for the purpard of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. Lan	
SIGNATURE _	ignato el typed or protectina in of registered age			end Salitat for fevoure	ed where the stating	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TIFLE	P	DELFTE	1 1 TIFLI	:	<u> </u>	Change Adeition	
NAME	LEWIS, STEVEN P		1.2 NAME				
STHEET ADDRESS	1820 REBECCA ROAD		13 STHE	ET ACURESS			
CITY - ST - ZIP	LUTZ FL 33549		1.4 CiTy	ST ZIP			
TITLE	LEWIS, SARA L	☐ DELETE	2 1 TiTul			Change Addition	
NAME	1820 REBECCA ROAD		2.2 NAME				
STREET ADDRESS	LUTZ FL 33549		2 3 STRE	LT ADDRESS			
CITY - ST - ZIP	LUIZ FL 33349		2.4 CiTY				
TITLE		☐ DELETE	3 1 TITE			Change Addition	
NAME			3.2 NAM3				
STREET ADDRESS			3.3 STAE	ET ADDRESS			
CITY-ST-ZIP			3.4 City				
TITLE		DELETE	4 1 100.8	ľ		Change Addition	
NAME			4.2 NAME				
STREET ADDRESS				LADDRESS			
CITY-ST-ZIF		□ Beleic	4.4 CITY		·		
TIFLE		☐ DELEJ€	5 1 TITLE			Change Addition	
NAME STOCKT TO STOCK			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		C) DOLLTO	5.4 CHY				
		☐ DELETE	6 1 HTLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP	and is that the internation a make of		6.4 CITY	SI-7P			

I do hereby certry 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 13 if changed, or many an attachment with an address

SIGNATURE:

SARA L'LEWIS 5/1196

CR2E034 (12/95)