FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 MAY -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041343 (3)**

1. Corporation Name
CYPRESS HEAD PARTNERS, INC.

Principal Place of Business	Mailing Address
6251 PALM VISTA STREET PORT ORANGE FL 32124	P.O. BOX 291001 PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 75 Golf Villa Dr.	26 75 Golf Villa Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Orange, FL	City & State 28 Port Orange, FL
Zip / Country 24 32124 / 25	Zip / Country 29 32124 / 30

4. FEI Number: 59-3183650 ☐ 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

8. 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
KACHEL, PETER G 6251 PALM VISTA ST. PORT ORANGE FL 32124	81 Name: Julia Ann Schumann 82 Street Address (P.O. Box Number is Not Acceptable): 3000 N. Ocean Dr., 30B 83 84 City: Singer Island FL 85 Zip Code: 33404

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: _____ Julia Ann Schumann (D) 4/26/95
Signature, printed name of registered agent and title 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	1.1 TITLE	☒ Change ☐ Addition
NAME	KACHEL, PETER	1.2 NAME	
STREET ADDRESS	3960 OAK TRAIL RUN #2503	1.3 STREET ADDRESS	No Longer an officer Kachel, Peter 3960 Oak Trail Run #2503
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLONDELL, JOHN A	2.2 NAME	
STREET ADDRESS	244 EARECKSON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD 21666	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, CHARLES E III	3.2 NAME	
STREET ADDRESS	3000 N. OCEAN DR. #30-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33410	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	D Julia Ann Schumann
STREET ADDRESS		4.3 STREET ADDRESS	3000 N. Ocean Dr., 30B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ Julia Ann Schumann 4/26/95 (904) 760-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040A3M FP