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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000095656 (9)

1. Corporation Name

BUNNELL CYPRESS COMPANY, INC.

Principal Place of Business

8619 WESTERN WAY
JACKSONVILLE FL 32256

Mailing Address

8619 WESTERN WAY
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3476323

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 295 Sawgrass Road

Suite, Apt. #, etc.

22 City & State

23 Bunnell, Florida

Zip

Country

24 32110

25 USA

2a. Mailing Address

26 PO Box 1207

Suite, Apt. #, etc.

27 City & State

28 Bunnell, Florida

Zip

Country

29 32110

30 USA

9. Name and Address of Current Registered Agent

APPLEBY, CHARLES C
8619 WESTERN WAY
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Appleby, Charles C.

82 Street Address (P.O. Box Number is Not Acceptable)

9250 Baymeadows Road, Suite 220

83

84 City

Jacksonville

FL

85 Zip Code

32256

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME CRAWFORD, FELIX A
STREET ADDRESS 8619 WESTERN WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

D
NAME APPLEBY, CHARLES C
STREET ADDRESS 8619 WESTERN WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME Crawford, Felix A
1.3 STREET ADDRESS 9250 Baymeadows Road, Suite 220
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE Vice President ☐ Change ☐ Addition

2.2 NAME Appleby, Charles C.
2.3 STREET ADDRESS 9250 Baymeadows Road, Suite 220
2.4 CITY-ST-ZIP Jacksonville, FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: Charles C. Appleby 1/29-98 904-636-0032

CR2E034 (10/97)