

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90137 023 \*\*\*150.00

DOCUMENT # P98000036390

1. Corporation Name

CYPRESS LANDSCAPE SUPPLY, INC.

Principal Place of Business

1380 31ST STREET, S.W.  
NAPLES FL 34117

Mailing Address

1380 31ST STREET, S.W.  
NAPLES FL 34117



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

59-3504951

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11180 Immokalee Rd  
Suite, Apt. #, etc.

22 Naples

City & State

23 FL

Zip

24 34120

Country

25 COLLIER

2a. Mailing Address

26 P.O. Box 990068  
Suite, Apt. #, etc.

27 Naples

City & State

28 FL

Zip

29 34116

Country

30 COLLIER

9. Name and Address of Current Registered Agent

STEPHENS, JAMES G  
1380 31ST STREET, S.W.  
NAPLES FL 34117

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COOK, ALAN D  
STREET ADDRESS 1838 MISSION DR.  
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE

NAME STEPHENS, JAMES G  
STREET ADDRESS 1380 31ST STREET, S.W.  
CITY-ST-ZIP NAPLES FL 34117

TITLE D ☐ DELETE

NAME Kimberly L. Cook  
STREET ADDRESS 1838 Mission Dr.  
CITY-ST-ZIP Naples, FL 34109

TITLE D ☐ DELETE

NAME Lydia Stephens  
STREET ADDRESS 1380 31st St. S.W.  
CITY-ST-ZIP Naples, FL 34117

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*James G. Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

941-348-2245

Daytime Phone #

CR2E034 (11/98)