

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90123 044 ***158.75

DOCUMENT # P98000045596

1. Corporation Name
CYPRESS COMMERCIAL, INC.

Principal Place of Business
1016 GRAND ISLE DRIVE
NAPLES FL 34108

Mailing Address
1016 GRAND ISLE DRIVE
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4500 EXECUTIVE DRIVE

2a. Mailing Address

26 4500 EXECUTIVE DRIVE

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 SUITE 300

23 NAPLES FLORIDA

28 NAPLES FLORIDA

City & State

24 34119 25 USA

City & State

29 34119 30 USA

9. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

54-3515819

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE TREASURER ☐ 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 RICHARD ROLFES

1.3 STREET ADDRESS 1016 GRAND ISLE DRIVE

1.4 CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME RICHARD ROLFES

2.3 STREET ADDRESS 1016 GRAND ISLE DRIVE

2.4 CITY-ST-ZIP NAPLES FL 34108

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME JANET KELLY

3.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300

3.4 CITY-ST-ZIP NAPLES FL 34119

4.1 TITLE TREASURER ☐ Change ☒ Addition

4.2 NAME JANET KELLY

4.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300

4.4 CITY-ST-ZIP NAPLES FL 34119

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:

JANET KELLY TREASURER

4/20/99

(941) 597-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)