1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063732

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90007 033 ***150.00

CYPRESS HOME BUILDERS, INC.			MIAN GELDA SIELI (*888 1018 (18) (44)
Principal Place of Business Mailing Address		- 4 10011001 110 18101 18111 09111 00111 00111	AIKO AIKOO HIITI IAOOD KIIKO ILOH
630 LAKEWOOD RD. P. O. BOX 1432 PENSACOLA FL 32507 PENSACOLA FL 32596		DO NOT WRITE IN T	HIS SPACE
		3. Date Incorporated or Qualifed	
		07/17/1998	
Principal Place of Business Za. Mailing Address		4. FEI Number	Applied For
21 720 N 19th AVE 26		59-3522820	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			\$5.00 May Be
23 PENSACOLA FL 28			Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year	
	30	Personal Property Tax.	☐Yes ☑No
9. Name and Address of Current Registered Agent	-	10. Name and Address of New Registe	red Agent
DUADD JOUR T	81 Name PH	IARR JOHN T	
PHARR, JOHN T	82 Street Addre	ass (P.O. Box Number is Not Acceptable)	
630 LAKEWOOD RD.		<u> </u>	-
PENSACOLA FL 32507	83 720 N	1 19 th WE	
\sim \sim	84 City	4104	FL 85 Zip Code 3 2 50 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the above-named corpo	pration submits this statement for the purpos	e of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statute: office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with and accept the obligations of Section 607.0505, Flori	thorized by the corporation da Statutes.	n's board of directors. I hereby accept the a	opointment as registered
SIGNATURE / The raw JOHN PHORE			4-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature required		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE Y D DELETE	1.1 TITLE D	P - OULIAGA	☐ Change ☐ Addition
NAME PHARR, JOHN T	1.2 NAME JO	HNT PHERE	
STREET ADDRESS -630 LAKEWOOD RD. 720 N 19TH AVE	1.3 STREET ADDRESS	20 N 197H AVE	2501
CITY-ST-ZIP PENSACOLA FL 32507- 3250	1.4 CITY-ST-ZIP	ensacold fl 30	
TITLE DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		Ì
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP DELETE	2. 4 CITY-ST-ZIP		Change Addition
	3.1 TITLE		C. Sugnigo . C. Madullott
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
1	4. 2 NAME		
NAME '			
STREET ADDRESS	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE DELETE	5.1 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		}
TIME DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			
	6.2 NAME		}
STREET ADDRESS	6.2 NAME 6.3 STREET ADDRESS		}

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 of 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 of 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 19 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 850-916-1325

Daytime Phone