

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90208 007 \*\*\*150.00

DOCUMENT # P98000071137

1. Corporation Name

CYPRESS INSURANCE SERVICES, INC.



Principal Place of Business

C/O 300 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Mailing Address

C/O 300 EAST PARK AVENUE  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1998

4. FEI Number

59-3540759

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 13810 Sutton Park Dr. North

Suite, Apt. #, etc.

22 Suite 529

City & State

23 Jacksonville, FL

Zip

24 32224

Country

25 Duval

2a. Mailing Address

26 13810 Sutton Park Dr. North

Suite, Apt. #, etc.

27 Suite 529

City & State

28 Jacksonville, FL

Zip

29 32224

Country

30 Duval

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 FISHMAN, ALAN H  
STREET ADDRESS 6 WILLOW PLACE  
CITY-ST-ZIP BROOKLYN NY 11201

TITLE D ☐ DELETE  
NAME CUDDY, BROOK L  
STREET ADDRESS 200 EAST 66TH STREET #D-904  
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ DELETE  
NAME WRAY, MARC T  
STREET ADDRESS 314 EAST 82ND STREET #3FW  
CITY-ST-ZIP NEW YORK NY 10028

TITLE D ☐ DELETE  
NAME HARGER, GARY R  
STREET ADDRESS 106 WOOD DUCK ROAD  
CITY-ST-ZIP COLUMBIA SC 29223

TITLE D ☐ DELETE  
NAME GROVE, JOEL S  
STREET ADDRESS 10 BAFFORD COURT  
CITY-ST-ZIP GLEN ARM MD 21057

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE S/H/D ☐ 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 V/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 13810 Sutton Park Dr. N. Apt 421  
4.4 CITY-ST-ZIP Jacksonville, FL 32224

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE P ☐ Change ☒ Addition  
6.2 NAME J. David Klaitz, Sr.  
6.3 STREET ADDRESS 117 Links Side Circle  
6.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

904-223-1092

Daytime Phone #

CR2E034 (11/98)