

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H15025 (0)

1. Corporation Name  
CHIP SMITH'S LANDCLEARING, INC.

Principal Place of Business Mailing Address  
12776 NORTH ROAD 12776 NORTH ROAD  
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1984  
3a. Date of Last Report 07/20/1994

4. FEI Number 59-2420463  
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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SMITH, LELAND  
12776 NORTH ROAD  
LOXAHATCHEE FL 33470

10. Name and Address of Now 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 of applicant

NOTE: Registered Agent signature required when reconstituting.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, LELAND  
STREET ADDRESS 12776 NORTH ROAD  
CITY, ST, ZIP LOXAHATCHEE FL

TITLE VD  
NAME SMITH, MAUREEN  
STREET ADDRESS 12776 NORTH ROAD  
CITY, ST, ZIP LOXAHATCHEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME 500001519305  
13 STREET ADDRESS -06/21/95--01053--021  
14 CITY, ST, ZIP \*\*\*\*225.00 \*\*\*\*225.00

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

4/20/95  
MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Maureen Smith V.D. Maureen Smith V.D. 6/1/95 407-793-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #