

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L75333 (9)**  
1. Corporation Name  
**BRANDON LAND CLEARING, INC.**



Principal Place of Business  
**P.O. BOX 1345  
6512 LITHIA PINECREST RD.  
BRANDON FL 33509  
US**

Mailing Address  
**P.O. 1345  
6512 LITHIA PINECREST RD.  
BRANDON FL 33509  
US**

3. Date Incorporated or Qualified **05/22/1990** 3a. Date of Last Report **09/25/1995**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
30

4. FEI Number **59-3009628** 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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ALVAREZ, ROGER  
608 SPRING BLOSSOM CT.  
BRANDON FL 33511**

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, 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

Date (By Registered Agent Signature Required when Resigning)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, ROGER</b>	
STREET ADDRESS	<b>608 SPRING BLOSSOM CT.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, MARILYN</b>	
STREET ADDRESS	<b>608 SPRINGBLOSSOM CT.</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

**400001872614**  
**-06/24/96--01022--031**  
**\*\*\*225.00**

*6-21-96*  
*ab*

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: *Marilyn Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 681-2974  
Date: Day: Phone: #

CR2E034 (12/95)