

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 # 284601 (2)

1. Corporation Name

H & H LAND CLEARING, INC.



Principal Place of Business

25550 SW 142 AVENUE
P. O. BOX 4225
PRINCETON FL 33032

Mailing Address

25550 SW 142 AVENUE
P. O. BOX 4225
PRINCETON FL 33032

2. Principal Place of Business

21 State Apt #, etc

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 State Apt #, etc

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

08/26/1964

3a. Date of Last Report

08/14/1995

4. FEI Number

59-1033791

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

HARDEN, ROGER W.
32190 S.W. 195TH AVE.
HOMESTEAD FL 33030

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 607.0802 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 of Registered Agent (if not the same as the corporation's agent, attach separate agent signature statement when submitting).

Signature of Registered Agent (if not the same as the corporation's agent, attach separate agent signature statement when submitting).

DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME	P HARDEN, ROGER W.	
STREET ADDRESS	32190 S.W. 195TH AVE.	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	ST	☐ DELETE
NAME	HARDEN, SHARON L.	
STREET ADDRESS	32190 SW 195 AVE	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger W. Harden

1-22-96

DATE

305-258-5098

TELEPHONE #

CR2E034 (12/95)