

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 500769 (5)**  
1. Corporation Name  
**FIELDS LAND CLEARING, INC.**



Principal Place of Business: **1530 FOREST AVE. P.O. BOX 150964 ALTAMONTE SPRINGS FL 32715**  
Mailing Address: **1530 FOREST AVE. P.O. BOX 150964 ALTAMONTE SPRINGS FL 32715**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Mailing Address  
**P.O. Box 521335**  
27 Suite, Apt. #, etc.  
28 City & State  
**LONGWOOD, FL**  
29 Zip  
**32752-1335**  
30 Country  
**U.S.A.**

3. Date Incorporated or Qualified: **04/08/1976**  
3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **59-1660904**  
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  
**ROBINSON, BRIAN  
1530 FOREST AVE.  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                    | DATE                            |
|----------------------------|--------------------|---------------------------------|
| TITLE                      | VD                 | <input type="checkbox"/> DELETE |
| NAME                       | ROBINSON, EUGENE E |                                 |
| STREET ADDRESS             | 1530 FOREST AVE.   |                                 |
| CITY-ST-ZIP                | LONGWOOD FL        |                                 |
| TITLE                      | PD                 | <input type="checkbox"/> DELETE |
| NAME                       | ROBINSON, BRIAN    |                                 |
| STREET ADDRESS             | 1530 FOREST AVE.   |                                 |
| CITY-ST-ZIP                | LONGWOOD FL        |                                 |
| 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 |  | DATE  |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 CITY-ST-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: Brian Robinson **BRIAN ROBINSON** 4-10-96 (407) 834-8220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)