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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 150864  
ALTAMONTE SPRINGS FL 32715

Mailing Address

P.O. BOX 521335  
LONGWOOD FL 32752-1335  
US

2. Principal Place of Business

21 355 N. SECOND ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE MARY FLA.

28 City & State

24 Zip

32746

25 Country

SEMINOLE

29 Zip

30 Country

3. Date Incorporated or Qualified

04/08/1976

3a. Date of Last Report

04/16/1996

4. FEI Number

59-1660904

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

ROBINSON, BRIAN  
1530 FOREST AVE.  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name EUGENE ROBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

355 N. SECOND STREET

83

84 City LAKE MARY

FL

85 Zip Code 32746

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 Eugene Robinson Eugene Robinson PRESIDENT

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-97

12. OFFICERS AND DIRECTORS

1.1 TITLE VD  
NAME ROBINSON, EUGENE E  
STREET ADDRESS 1530 FOREST AVE.  
CITY-ST-ZIP LONGWOOD FL

1.2 TITLE PD  
NAME ROBINSON, BRIAN  
STREET ADDRESS 1530 FOREST AVE.  
CITY-ST-ZIP LONGWOOD FL

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-VP-D  
NAME EUGENE E ROBINSON  
STREET ADDRESS 355 N. SECOND STREET  
CITY-ST-ZIP LAKE MARY FLA. 32746

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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.

SIGNATURE: Eugene Robinson Eugene Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42797

Date

(407) 3-6123

Daytime Phone #

0078915

CR2E034 (9/96)