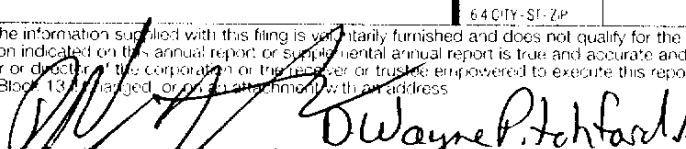


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 549619 (5)			
1. Corporation Name PITCHFORD LAND CLEARING, INC.			
Principal Place of Business P.O. BOX 60097 FT. MYERS FL 33906 US		Mailing Address P.O. BOX 60097 FT. MYERS FL 33906 US	
2. Principal Place of Business 21 17598 Bode Keller Cn 22 Suite Apt. #, etc. FT Myers 23 City & State FL 24 Zip 33912 25 Country USA		2a. Mailing Address 26 P.O. Box 779 27 Suite Apt. #, etc. Esteron 28 City & State FL 29 Zip 33920 30 Country USA	
3. Date Incorporated or Qualified 10/19/1977		3a. Date of Last Report 05/16/1995	
4. FEI Number 59-1949449		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 PARSONS, WADE H 1833 SE 47TH TERRACE CAPE CORAL FL 33910		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1853 Victoria Ave 84 FT Myers F 85 City FL 85 Zip Code 33901	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 if not applicable, of the corporation. (Typed or printed name of registered agent and if not applicable, of the corporation.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	☐ DELETE	
NAME	PITCHFORD, D WAYNE JR		
STREET ADDRESS	8813 BANYAN COVE CIRCLE		
CITY-ST-ZIP	FT MYERS FL 33919		
TITLE	VD	☒ DELETE	
NAME	PITCHFORD, VIRGINIA P		
STREET ADDRESS	8813 BANYAN COVE CIRCLE		
CITY-ST-ZIP	FT MYERS FL 33919		
TITLE	ST	☐ DELETE	
NAME	PITCHFORD, HEATER E.		
STREET ADDRESS	8813 BANYAN COVE CIRCLE		
CITY-ST-ZIP	FT MYERS FL 33919		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☒ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS	1424-4 Park Shore Cn		
1.4 CITY-ST-ZIP	FT Myers, FL 33901		
2.1 TITLE	VD	☒ Change ☐ Addition	
2.2 NAME	D. Wayne Pitchford III		
2.3 STREET ADDRESS	8813 Banyan Cove Cn		
2.4 CITY-ST-ZIP	FT Myers, FL 33919		
3.1 TITLE		☒ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS	1424-4 Park Shore Cn		
3.4 CITY-ST-ZIP	FT Myers, FL 33901		
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change ☐ 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, unchanged, or in an attachment with an address.			
SIGNATURE:  D Wayne Pitchford III 7/17/96 (941) 466-1339			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)