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

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business
21 17598 RockefellerCir
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. Estero
28 City & State Fl
29 Zip 33928 30 Country USA

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
1633 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) 1853 Victoria Ave
83 FT Myers F
84 City FL 85 Zip Code 33901

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: ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
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 Cir	
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 Cir	
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 Cir	
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		

CR2E034 (12/95)

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: D Wayne Pitchford Jr. 7/17/96 (941)466 1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #