

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 596700 (5)

1. Corporation Name

CENTRAL FLORIDA LANDCLEARING, INC.



Principal Place of Business

Mailing Address

**2043 NOTWEN RD.
P.O. BOX 964
OVIEDO FL 32765**

**2043 NOTWEN RD.
P.O. BOX 964
OVIEDO FL 32765**

2. Principal Place of Business

2a. Mailing Address

21 **2043 Notwen Rd.**

State, Apt. #, etc.

22

City & State

23 **Oviedo, FL**

Zip

Country

24 **32765**

25

USA

26 **P.O. Box 620964**

27

28 **Oviedo, FL**

29 **32762-0964**

30 **USA**

9. Name and Address of Current Registered Agent

**NEWTON, JOE
2043 NOTWEN RD.
OVIEDO FL 32765**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/08/1978

3a. Date of Last Report

01/17/1995

4. FEI Number

59-1897684

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	PD NEWTON, JOE	2043 NOTWEN RD.	OVIEDO FL	
	S			☐ DELETE
	NEWTON, LINDA	2043 NOTWEN ROAD	OVIEDO FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐ Change ☐ Addition

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 or person in power 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:

Sandra Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Newton 2-12-96 (407) 365-5364
DATE

CR2E034 (12/95)