

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J65488 (5)

1. Corporation Name
TAUCHEN LAND CLEARING, INC.

Principal Place of Business Mailing Address
9444 STATE ROAD 17 SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/30/1987** 3a. Date of Last Report **05/09/1994**
4. FEI Number **59-2793455** 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

2. Principal Place of Business 2a. Mailing Address
21 **9110 COUNTY RD 17 50** 26 **P.O. BOX 4049**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **SEBRING FL** 28 **SEBRING FL**
Zip Country Zip Country
24 **33870** 25 **HIGHLANDS** 29 **33871** 30 **HIGHLANDS**

9. Name and Address of Current Registered Agent
**TAUCHEN, DONALD E. II
9444 STATE ROAD 17 SOUTH
SEBRING FL 33870**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 Donald E Tauchen II Donald E Tauchen II Pres. 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TAUCHEN, DONALD E. II
STREET ADDRESS	9444 S.R. 17 SOUTH
CITY - ST - ZIP	SEBRING FL
TITLE	VP
NAME	TAUCHEN, DONALD E.
STREET ADDRESS	BOX 9110, S.R. 17 SOUTH
CITY - ST - ZIP	SEBRING FL
TITLE	STD
NAME	TAUCHEN, JOHN R.
STREET ADDRESS	BOX 9110, S.R. 17 SOUTH
CITY - ST - ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" 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 110.07(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: John R Tauchen John R Tauchen 4/28/95
Signature and typed or printed name of signing officer or director Title Date