

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L22094** (1)

1. Corporation Name

**CLEMONS LAND CLEARING AND CITRUS TREE REMOVAL, I
NC.**

APPROVED
FILED

55 MAY -1 AM 3:07

Principal Place of Business

**% NORMAN JERRY CLEMONS
NEWCOME ROAD, P.O. BOX 446
ALTURAS FL 33820**

Mailing Address

**% NORMAN JERRY CLEMONS
NEWCOME ROAD, P.O. BOX 446
ALTURAS FL 33820**

SECRETARY OF STATE WRITE IN THIS SPACE

ALTURAS FLORIDA

10/10/1989

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

59-2979088

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLEMONS, NORMAN JERRY
NEWCOME ROAD
ALTATUS FL 33820**

81 Name

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

83

84 City

FL

85

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

(Signature of Agent or person authorized to accept appointment as registered agent)

(Signature of Registered Agent or authorized representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	CLEMONS, NORMAN JERRY
3. STREET ADDRESS	NEWCOME RD.
4. CITY, ST, ZIP	ALTURAS FL
5. TITLE	V
6. NAME	CLEMONS, B. EMILEAN
7. STREET ADDRESS	NEWCOME RD.
8. CITY, ST, ZIP	ALTURAS FL
9. TITLE	ST
10. NAME	CLEMONS, B. EMILEAN
11. STREET ADDRESS	NEWCOME RD.
12. CITY, ST, ZIP	ALTURAS FL
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claim, not guilty for the exemption stated in Section 119.032(1)(b), 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 this corporation or the receiver or trustee appointed to administer this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Norman Jerry Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

813/537-2702