

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90109 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57145

1. Corporation Name

DEKLE LAND CLEARING, INC.

Principal Place of Business

% JOHN E. DEKLE, III
22120 LUCKY LEE LANE
ALVA FL 33920

Mailing Address

% JOHN E. DEKLE, III
22120 LUCKY LEE LANE
ALVA FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1990

4. FEI Number

65-0181960

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1681 BENCHMARK AVENUE

Suite, Apt. #, etc.

22 SUITE F

City & State

23 FORT MYERS, FL

Zip

Country

24 33905-4998 25 U.S.

2a. Mailing Address

26 1681 BENCHMARK AVENUE

Suite, Apt. #, etc.

27 SUITE F

City & State

28 FORT MYERS, FL

Zip

Country

29 33905-4998 30 U.S.

9. Name and Address of Current Registered Agent

DEKLE, JOHN E., III
22120 LUCKY LEE LANE
ALVA FL 33920

10. Name and Address of New Registered Agent

81 Name

DEKLE, JOHN E. III

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

1681 BENCHMARK AVENUE, SUITE F

83

84 City

FORT MYERS,

FL

85 Zip Code

33905

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

DEKLE, JOHN E. III

STREET ADDRESS

22120 LUCKY LEE LANE

CITY-ST-ZIP

ALVA FL

TITLE

DS

☐ DELETE

NAME

BRODEUR, RICHARD JOHN

STREET ADDRESS

1640 PERIWINKLE WAY

CITY-ST-ZIP

SANIBEL ISLAND FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P/T

☒ Change

☐ Addition

1.2 NAME

DEKLE, JOHN E. III

1.3 STREET ADDRESS

1681 BENCHMARK AVENUE, SUITE F

1.4 CITY-ST-ZIP

FORT MYERS, FL 33905-4998

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

JOHN E. DEKLE III, PRES.

4/9/99

(941) 337-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #