


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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.
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3. Date Incorporated or Qualified 03/09/1990	4. FEI Number 65-0181960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ 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	DP	<input type="checkbox"/> DELETE
NAME	DEKLE, JOHN E. III	
STREET ADDRESS	22120 LUCKY LEE LANE	
CITY-ST-ZIP	ALVA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRODEUR, RICHARD JOHN	
STREET ADDRESS	1640 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input 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 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 DEKLE III, PRES. 4/9/99 (941) 337-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20934-111081