

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Kathleen M. Mahoney  
Secretary of State  
Tallahassee, Florida 32399

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017136 (1)**

95 MAY - 1 AM 8:32

**MULBERRY LAND RECLAMATION SERVICES, INC.**

Principal Office (City and State)	307 S.W. CHURCH AVE. MULBERRY FL 33860	Alternate Office (City and State)	307 S.W. CHURCH AVE. MULBERRY FL 33860
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2. Date of Last Annual Report	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/05/1993	05/01/1994
22. State Agent #	27. State Agent #	4. FEI Number	Applied For / Not Applicable
22	27	59-3167758	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. City	25. County	29. City	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILKERSON, BLANDINA D 307 S.W. CHURCH AVE. MULBERRY FL 33860		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code	
		FL	

11. Pursuant to the provisions of Sections 607.02(1) and 607.02(2) 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 607.02(2) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
DP	WILKERSON, BLANDINA D	135 TEMPLE ST.	MULBERRY	FL	33860
DVST	MICHEL, SUSAN D	1110 BRISTOLWOOD ST.	BRANDON	FL	33510

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2)(b) Florida Statutes. I further certify that the information indicated on this form is correct 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 available for direct contact at the corporation's principal office or residence or by mail at the address indicated on this form or by any other means indicated on this form. I understand that my name appears on Block 1 of the Block 1 of the report or any other form with an address.

SIGNATURE: **DVST**

4/28/95 (813) 425-4571