

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Marchant
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017136 (1)**

95 MAY -1 AM 8:32

MULBERRY LAND RECLAMATION SERVICES, INC.

Principal Office (City, State, and Zip)	Alternate Office (City, State, and Zip)
307 S.W. CHURCH AVE. MULBERRY FL 33860	307 S.W. CHURCH AVE. MULBERRY FL 33860

2. Filing Date (Month/Day/Year)	2a. Mailing Address	3. Date Incorporation or Qualification	3a. Date of Last Report
03/05/1993		03/05/1993	05/01/1994
21. Filing Fee (Amount)	26. Mailing Agency	4. FEI Number	Applied For / Not Applicable
		59-3167758	Not Applicable
22. State Agent Name	27. State Agent Title	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24. Title	25. County	29. Zip	30. Country

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. City
	84. State (FL) 85. Zip Code

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: _____ (Signature of Registered Agent) _____ (Signature of Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	135 TEMPLE ST. MULBERRY FL 33860	STREET ADDRESS	
CITY		CITY	
OFFICER	NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DVST MICHEL, SUSAN D 1110 BRISTOLWOOD ST. BRANDON FL 33510	STREET ADDRESS	
CITY		CITY	
OFFICER	NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER	NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER	NAME	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

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(1)(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 communication with the Department of State and my telephone number for review of this report is as required by Chapter 607, Florida Statutes, and that my home address is Block 1, or Block 2, or Block 3, or Block 4, or any other firm, with an address.

SIGNATURE: **DVST**
ORIGINAL AND TYPED ON PROPER MAKE OF BONDING OFFICER OR DIRECTOR

4/25/95 (813) 425-4571