FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000017017 (2)**

1. Corporation Name

PRESTONS LAND CLEARING INC.

Principal Place of Business	Mailing Address
~~RT 35 BOX 5610~~ ~~TALLAHASSEE FL 32310~~ 43 Grantham Lane Crawfordville, Fl 32327	~~RT 35 BOX 5610~~ 43 Grantham Lane ~~TALLAHASSEE FL 32310~~ Crawfordville, Fl 32327

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-3227626 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 43 Grantham Lane.	26 43 Grantham Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Crawfordville,	28 City & State: Crawfordville
24 Zip: 32327 25 Country: Wakulla	29 Zip: 32327 30 Country: Wakulla

9. Name and Address of Current Registered Agent

GRANTHAM, BETTY S
~~RT 35 BOX 5610~~ 43 Grantham Lane
~~TALLAHASSEE FL 32310~~ Crawfordville, Fl 32327

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 43 Grantham Lane
84 City: Crawfordville FL 85 Zip Code: 32327

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 _____ (NOTE: Registered Agent Signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD GRANTHAM, PRESTON E ~~RT 35 BOX 5610~~ ~~TALLAHASSEE FL 32310~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD Grantham, Preston E 43 Grantham Lane Crawfordville, Fl. 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GRANTHAM, BETTY S ~~RT 35 BOX 5610~~ ~~TALLAHASSEE FL 32310~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Grantham, Betty S 43 Grantham Lane Crawfordville, Fl 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Carraway, Richard L. 43 Grantham Lane Crawfordville, Fl 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001771222 -04/05/96--01083--023 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Betty S. Grantham 4/3/96 421-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #