FILED Apr 23, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400017017

1. Corporation Name

STREET ADDRESS

PRESTONS LAND CLEARING INC.

								.		18 9 01 1 4 6 3 14 63
Principal Place of Business Mailing Address						1 (100)		• · · · · • • · · · · • • · • · • · • ·	11811 10011 00101	
43 GRANTHAM LANE 43 GRANTHAM LANE										
CRAWFORDVILLE FL 32327		CRAWFORDVILLE FL 32327			DO NOT WR	ITE IN THIS	SPACE			
						3. Date Ir cor	porated or Qualifed			
						03/04/19	994			}
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb	er		Apı	plied For
21		26				59-3227	OE ET OE O		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate	of Status Desired		\$8.75 A	
22		27							Fee Rei	cuired
City & State		City & State	City & State				ampaign Financing		\$5.00	,
23							Contribution		Added to	o Fees
Zip	Country	Zip	Coun				oration owes the cur	rent year In		[]No
24 25			30			Personal Property Tax. 10. Name and Address of New Register		Penistered		17140
	9. Name and Address of Curre	nt Registered Agent	-	81	Name	IV. INAILIE AIR	Address of New	registered	Ageni	
GRA	NTHAM, BETTY S									
	BRANTHAM LANE		82 Street Ad			dress (P.O. Box Nu	imber is Not Accept	table)		1
_	WFORDVILLE FL 32327			83						
0,5,										
				84	City			FI	85 Zip C	ode
44 Duraumat	to the provisions of Sections 607.05	02 and 607 1508 Florida Stat	hije the s	bove	-named co	progration submits the	nis statement for the	e purpose of	- L	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	tne corpora	tion's board of cire	ctors. I hereby acce	pt the appo	intment as reç	gistered
agent. a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	·korida Stat	utes.						
SIGNATURE	Signature, typed or printed name of registered agr	ant and title if conjugation (NC	TI Pagistare	1 Aggr	t signatura regi	u red when reinstating)		DATE		
12.				13.			S/CHANGES TO OI	FFICERS /	ND DIRECTO	F S IN 12
TITLE	PTD			TLE			·		Change	Addition
NAME	GRANTHAM, PRESTON E		1.2 N	1.2 NAME						
STREET ADDRESS	43 GRANTHAM LANE		13S		ADDRESS					
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			1.4 CITY-ST-ZIP						
TITLE	SD			2.1 TITLE					Change	Addition
NAME	GRANTHAM, BETTY S			2.2 NAME						
STREET ADDRE IS	43 GRANTHAM LANE		2 3 STREET ADDRESS							
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.40	2. 4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3.1 T	TLE					☐ Change	Addition
NAME	CARRAWAY, RICHARD E		3.2 N	AME						
STREET ADDRESS	43 GRANTHAM LANE	•		TREET	ADDRESS					
CITY-ST-21P	CRAWFORDVILLE FL 32327			XTY-S	T-ZIP					
TITLE		☐ DELETE	4.1 T	ΠLE			 -		Change	☐ Addition
NAME	}		4.21	LAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			44C	ITY- ST	r-zie					
TITLE		☐ DELETE	5.1 T	ITLE					Change	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			54C	ITY-S	r-ZIP					
TITLE		☐ DELETE	6.1 T	TLE					Change	Addition
NAME	NAME :			AME						

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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

421-2164

CR2E034 (11/98)