

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000012666 (8)

1. Corporation Name
A FIELD & FOREST, INC.

Principal Place of Business

21701 FREEMAN DRIVE
UMATILLA FL 32784

Mailing Address

21701 FREEMAN DRIVE
UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-3426074

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 3105 PITTMAN RD

Suite, Apt. #, etc.

22

City & State

23 APOPKA FL

Zip

24 32712

Country

25 USA

2a. Mailing Address

26 PO BOX 327

Suite, Apt. #, etc.

27

City & State

28 APOPKA FL

Zip

29 32704-0327

Country

30 USA

9. Name and Address of Current Registered Agent

SLOCOMB, LORRAINE M
21701 FREEMAN DRIVE
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name

ALAN J LEE

82 Street Address (P.O. Box Number is Not Acceptable)

3105 PITTMAN ROAD

83

84

City

APOPKA

FL

85

Zip Code

32712

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 X *Alan J Lee*

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when resigning)

X 4-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	DELETE
NAME	LEE, ALAN J		
STREET ADDRESS	3105 PITTMAN ROAD		
CITY - ST - ZIP	APOPKA FL 32712		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	LEE, DEBBIE L		
STREET ADDRESS	3105 PITTMAN ROAD		
CITY - ST - ZIP	APOPKA FL 32712		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY - ST - ZIP				
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.

SIGNATURE: X *Alan J Lee*

X 4-13-98

CR2E034 (10/97)