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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000012666**

1. Corporation Name

A FIELD 8	FOREST, INC.								
Principal Place	of Business	Mailing Address							
3105 PITTMAN RI APOPKA FL 3271	D	P O BOX 327 APOPKA FL 32704-327		DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed 04/01/1997			
		La Marillan Address				4, FEI Number	$\overline{}$	Appli	ied For
2. Principal Pla	ce of Business	2a. Mailing Address				59-3426074	Not Applicable		
21		Suite, Apt. #, etc.			-	S8 75 Additional			I
Suite, Apt. #	, eic.	 	27			5. Certificate of Status Desired	Fe	e Requ	uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	try		8. This corporation owes the current year I	ntangible ☐ Yes	г	_No
24	25	29 3	0			Personal Property Tax.			1110
24	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	a Agent		
			1,	B1	Name	<u> </u>			
	ALAN J		1	B2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
•	PITTMAN ROAD		\- <u>-</u>						
APOP	PKA FL 32712		'	83					
			1	84	City	F	85	Zip Co	ode
					a named corn		of changin	ng its r	egistered
agent. I ar	n familiar with, and accept the obl	igations of, Section 607.0505, Flori	da Statui	tes.	•	nd when reinstating) DATE			
	Signature, typed or printed name of registered	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	RS IN 12
12.	D	☐ DELETE	1.1 TITE	E		 -	☐ Ch	ange	Addition
i .				1.2 NAME					
NAME STREET ADDRESS	3105 PITTMAN ROAD		1.3 STREET ADDRESS		T ADDRESS				
	APOPKA FL 32712	1.4		1.4 CITY-ST-ZIP					[] Addition
CITY-ST-ZIP	0			2.1 TITLE			Ch	ange	Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS	3105 PITTMAN ROAD		2.3 Sπ	REE'	T ADDRESS				
CITY-ST-ZIP		APOPKA FL 32712		2.4 CITY-ST-ZIP			☐ Ch	2006	Addition
TITLE	☐ DELETE 3.1		3.1 TIT						٠٠٠-٠٠٠ الـــي
NAME				ME	ļ				
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP			_		ST-ZIP			ange	Addition
TITLE		☐ DELETE	4.1 TITLE					-	
NAME			4. 2 NAMI						
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP 5.1 TITLE				ange	Addition
TITLE	_			5.1 NAME					
NAME					ET ADDRESS				
STREET ADDRESS				5.4 CITY-ST-ZIP					
CITY-ST-ZIP		DELETE	6.1 TI				□c	nange	☐ Addition
TITLE			6.2 N	AME					
NAME			6.3 ST	TREE	ET ADDRESS				

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR