

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90211 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000033615

1. Corporation Name  
**TERRY CAPITAL ADVISORS, INC.**



Principal Place of Business  
**3164 STONWATER DRIVE  
 LAKELAND FL 33803**

Mailing Address  
**3164 STONWATER DRIVE  
 LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/13/1998**

2. Principal Place of Business  
 21 **2870 GRASSLANDS DRIVE**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **2870 GRASSLANDS DRIVE**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3504795**

Applied For  
 Not Applicable

22 City & State  
**LAKELAND, FLORIDA**

27 City & State  
**LAKELAND, FLORIDA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 Zip  
**33803**

28 Zip  
**33803**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Country

29 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SAMMONS, ROBERT O  
 1552 SIXTH STREET SE  
 WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name **JOCK G. TERRY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2870 GRASSLANDS DRIVE**  
 84 City **LAKELAND, FL** 85 Zip Code **33803**

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 *[Signature]* DATE **4/20/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TERRY, JOCK G</b>
STREET ADDRESS	<b>3164 STONWATER DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Jock G. Terry</b>
1.3 STREET ADDRESS	<b>2870 GRASSLANDS DRIVE</b>
1.4 CITY-ST-ZIP	<b>LAKELAND, FLORIDA 33803</b>
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/20/99** DAYTIME PHONE # **680-1212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)