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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

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Apr 08 1997 8:00am

Secretary of State

96/6)

R2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 568669

(6)

J.R. TERRY, INC.

Principal Place of Business Mailing Address P.O. BOX 426 P.O. BOX 426 BARTOW FL 33831-0426 BARTOW FL 33830 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1978 03/19/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1882228 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Ζip This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name TERRY, JEAN R. 850 LYLE PARKWAY Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 City Zip Code 84 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI (NOTE: Registered Agent signature required when reinstating) Signature, typed or profed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ___ DELETE 11 TITLE TITLE TERRY, JEAN R 12 NAME NAME **850 LYLE PARKWAY** 1.3 STREET ADDRESS STREET ADDRESS BARTOW, FL 00000 1.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 2.1 TITLE THEF TERRY, ALISON 2.2 NAME NAM 3825 CHEVERLY DRIVE 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 2. 4 CITY-ST-ZIP City-St-7iP Change Addition DELETE 3.1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-SI-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 City-St-ZiP CHTY - ST - ZIP Addition Change DELETE 61 TITLE THLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

14. I do 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. 1 1 DRITTERRY-PRESIDENT 4/4/97 941 533-4658

6.4 CITY-ST-ZIP

SIGNATURE

CHY+S1-ZIP