**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 568669 (6)J.R. TERRY, INC. Principal Place of Business Mailing Address P.O. BOX 428 P.O. BOX 426 BARTOW FL 33830 BARTOW FL 33830 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/14/1978</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 59-1882228 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name TERRY, JEAN R. **850 LYLE PARKWAY** Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 64 City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE TERRY, JEAN R NAME 1.2 NAME STREET ADDRESS **850 LYLE PARKWAY** 1.3 STREET ADDRESS BARTOW, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE NAME TERRY, ALISON 2.2 NAME STREET ADDRESS 3825 CHEVERLY DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP

Change Addition LAKELAND FL 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITE F 6.1 TITLE NAME 6.2 NAME

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 trustice 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.

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE: 9.18.

STREET ADDRESS

H

PRESIDENT

April 6,1998

1000 CR2E034

Addition

Applied For Not Applicable

Zip Code