2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2001 8:00 am Secretary of State DOCUMENT # 568669 1. Entity Name J.R. TERRY, INC. 03-15-2001 90192 045 ***150.00 Principal Place of Business Mailing Address P.O. BOX 426 P.O. BOX 426 BARTOW FL 33830 BARTOW FL 33830 00025206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1882228 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY, JEAN R. . Street Address (P.O. Box Number is Not Acceptable) 850 LYLE PARKWAY BARTOW FL 33830 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE PD ☐ Delete TITLE Change NAME NAME TERRY, JEAN R STREET ADDRESS STREET ADDRESS 850 LYLE PARKWAY CITY-ST-ZIP CITY-ST-ZIP BARTOW, FL 00000 ☐ Delete ☐ Change ☐ Addition TITLE TITLE STD NAME NAME TERRY, ALISON STREET ADDRESS STREET ADDRESS 3825 CHEVERLY DRIVE CITY-ST-7IP CITY-ST-ZIP LAKELAND FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST*ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Jean R. Terry 3/11/2001 IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #