SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)649419 JIM TERRY CONSTRUCTION CO. Mailing Address Principal Place of Business % JAMES W. TERRY. SR. 6402 U. S. HWY. 27 SOUTH % JAMES W. TERRY, SR. 6402 U. S. HWY. 27 SOUTH 3a. Date of Last Report SEBRING FL 33870 3. Date Incorporated or Qualified SEBRING FL 33870 08/01/1995 12/14/1979 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1968365 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Z(c)Zip Country X Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name TERRY, JAMES W., SR. Street Address (P.O. Box Number is Not Acceptable) 82 6402 U.S. HWY. 27 SOUTH SEBRING FL 33870 83 Zip Code 85 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CIATE SIGNATURE. (NOTE: Rejistered Agent signature required when reinstating) Stgraf we type dior person in which required a perforal stall dapplicable (96/8) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME TERRY SR, JAMES WILLIAM NAME 13 STHEET ADDRESS 6402 US HIGHWAY 27 SOUTH STREET ADDRESS 1.4 CiTy - S1 - ZiP SEBRING, FL 00000 Change Addition CITY-ST-ZIP DELETE 2 | TITLE TITLE 22 NAME TERRY, SR JAMES WILLI NAME 2.3 STREET ADDRESS 6402 SU HWY 27 SOUTH STREET ADDRESS 2 4 CITY - ST - ZIP SEBRING, FL 00000 CITY-ST-ZIP Change Addition DELETE 3.1 DILE TITLE 32 NAME TERRY, JAMES WILLIAM JR. NAME 3 3 STREET ADDRESS STREET ADDRESS 6402 U.S. 27 S. 34 CITY - ST - ZiP SEBRING FL CITY - ST - ZIP Change Addition DELETE 4.1 THE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 51TILE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address 6 4 CITY - ST - ZIP

SIGNOTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-385 4466.