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

PROFIT **CORPORATION** ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 07 1998 8:00am Secretary of State

	RRY CONSTRUCTION	<b>\</b> - <b>/</b>			
Principal Place	of Business	Mailing Address	<u></u>	- I TODILA RELEGIO DE LEGIO DE LEGIO DE LA COLOR DEL COLOR DE LA C	FII BARAN DIADI DIDIN DIDIN NOLI
% JAMES W. TERRY. SR. 6402 U. S. HWY. 27 SOUTH		% JAMES W. TERRY. SR. 6402 U. S. HWY. 27 SOU		O NOT WRITE IN THIS	S SPACE
SEBRING FL 33870		SEBRING FL 33870		3. Date incorporated or Qualified	
				12/14/1979	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1968365	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	· · · · · · · · · · · · · · · · · · ·
24	25	<u> </u>	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of	Current Registered Agent		10. Name and Address of New Registered	d Agent
TER	IRY, JAMES W., SR.		B1 Name		
	2 U.S. HWY. 27 SOUTH		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SEE	Bring FL 33870				
			83		
	•		<b>B4</b> City		85 Zip Code
44 Discussos	a the provisions of Sections	607 0502 and 607 1509 Florida Statuta	the shows named core	FI	
office or re	egistered agent, or both, in the	ne State of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	or changing its registered pointment as registered
	m familiar with, and accept to	ne obligations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE .	Signature, typed or printed name of reg	istered about and title if applicable (NOTE	Registered Agent signature requir	ed when reinstating) DATE	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE		Change Addition
NAME	TERRY SR, JAMES WI	LLIAM	1.2 NAME		
STREET ADDRESS	6402 US HIGHWAY 27	SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000		1.4 CITY-ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE		Change Addition
NAME	TERRY, SR JAMES WI		2.2 NAME		
STREET ADDRESS	6402 SU HWY 27 SOL	ин	2.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	SEBRING, FL 00000	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	TERRY, JAMES WILLIA	<del></del>	3.2 NAME		Citarile Civonion
STREET ADDRESS	6402 U.S. 27 S.	M 973.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		• • • • • • • • • • • • • • • • • • • •	4. 2 NAME		
SHREET ADDRESS	معهدم و مدر د در د م	company of the parties of the exercises	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		į
CITY-ST-ZIP	artifu that the information are	polind with this filing done not availed to	64 CITY-ST-ZIP	Caption 110 07/3Vi) Etailda Castidas 15 dha	ortife, that the information
indicated	entry that the information sup on this applied tenors or supe	prior with this ming does not quality followed the provider	I THE EXEMPTION STRIED IN	Section 119.07(3)(i), Florida Statutes. I further of	erury mar me 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 a 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 on an attachment with an address.