FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 23, 2000 8:00 am Secretary of State DOCUMENT # 649419 05-23-2000 90262 032 \*\*\*150.00 JIM TERRY CONSTRUCTION CO. Mailing Address Principal Place of Business \* JAMES W. TERRY, SR. ゴァ % JAMES W. TERRY, SR. Jr 740370 6402 U. S. HWY. 27 SOUTH C U. S. HWY. 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE . . . Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1968365 Not Applicable Country \$8.75 Additional Country Zip Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMes TERRY, JAMES W.SR. 57 Street Address (P.O. Box Number is Not Acceptable) 6402 U.S. HWY. 27 SOUTH SEBRING FL 33870 しる 97 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 (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title 10.=Election Campaign Financing 9. This corporation is eligible to eatisty its inlangible FILE NOW!!! FEE IS \$150.00. \$5.00 May 8e After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Delete TITLE TERRY SR, JAMES WILLIAM NAME NAME 6402 US 27 300+h STREET ADDRESS STREET ADDRESS 6402 US HIGHWAY 27 SOUTH CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 00000 Change TITLE Delete 3 James W TERRY, SR JAMES WILLI NAME NAME 6402 US 27 500th 6402 SU HWY 27 SOUTH STREET ADDRESS STREET ADDRESS 33870 Sebrina fla CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 00000 Addition TITLE ☐ Delete TITLE TERRY, JAMES WILLIAM JR. NAMÉ NAME STREET ADDRESS. STREET ADDRESS 6402 U.S. 27 S. CITY-ST-7IP CITY-ST-ZIF SEBRING FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET\_ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 othernike empowered. SIGNATURE Daytime Phone # NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE