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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90033 046 ***150.00

| TERRI'S | & EARL'S, INC. | | | | | | | | |
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| | | Ad-thin Address | _ | | | | | | andia diaki ida k |
| Principal Place | | Mailing Address | | | | | | | |
| 115 W. REYNOI PLANT CITY FL | | 115 W. REYNOLDS ST PLANT CITY FL 33566 | | | | | | | |
| US US | | | | | | DO NOT WRITE | IN THIS S | PACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 09/20/1982 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | _ | | 59-2222771 | | | ot Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc | | | ± | 5. Certificate of Status Desired | <u> </u> | | Additional |
| 22 | | 27 | | | | 0. | | | equired |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | · | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the curren | | ngible □ Yes | □No |
| 24 | 25 | [29] | 30 | 1 | | Personal Property Tax. 10. Name and Address of New Reg | | | |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address of Curren | it Registered Agent | | 81 Na | me . | 10, Name and Address of New Neg | gistered A | gain. | |
| RED | MAN, JAMES L | | | <u> </u> | | | | | |
| | COLLINS N | | | 82 Str | eet Addre | ss (P.O. Box Number is Not Acceptable | e) | | |
| | NT CITY FL 33566 | | | 83 | | | | | |
| | | | | | | · · | | | |
| | | | | ,84 Cit | у | | ·FL | 85 Zip | Code |
| | | | | | | | | 1 1 | |
| 44 Durawant | to the provinces of Sections 607.050 | 12 and 607 1508 Florida State | utes the a | hove-nan | ned como | ration submits this statement for the ou | rpose of c | hanging its | registered |
| 11. Pursuant office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida State of Florida. Such change was | utes, the a | bove-nand by the c | ned corpor orporation | ration submits this statement for the pun's board of directors. I hereby accept t | rpose of c | hanging its Iment as re | registered egistered |
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| office or n agent. I a SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age | of Florida. Such change was ations of, Section 607.0505, F | authorized Iorida Stati | utes. | orporation | ration submits this statement for the pun's board of directors. I hereby accept the when reinstating the statement of the punishment of th | олте | | ORS IN 12 |
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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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4/14/99

813 752-2090 Daytime Phone #