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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34356

1. Corporation Name
JERIL R. CLENNEY. INC.

Principal Place of Business
1649 N. Ed Wells Rd
WAUCHULA FL 33873

Mailing Address
P.O. Box 850
699 Holland town Rd
WAUCHULA FL 33873

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 1649 N. Ed Wells Rd
Suite, Apt. #, etc. 22
City & State 23 WAUCHULA
Zip 24 33873 Country 25 HARDEE

2a. Mailing Address
26 P.O. Box 850
Suite, Apt. #, etc. 27 699 N. Holland Town Rd
City & State 28 WAUCHULA
Zip 29 33873 Country 30 HARDEE

4. FEI Number: 59-2487885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CLENNEY, JANICE B.
699 N. Holland Town Rd
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
81 Name: CLENNEY JANICE B.
82 Street Address (P.O. Box Number is Not Acceptable): 699 N. Holland Town Rd
83 WAUCHULA
84 City: FL 85 Zip Code: 33873

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JERIL R. CLENNEY	1.2 NAME	
STREET ADDRESS	699 N. Holland Town Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Janice B. CLENNEY	2.2 NAME	
STREET ADDRESS	699 N Holland Town Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		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	4/28/97
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002158615
STREET ADDRESS		6.3 STREET ADDRESS	-04/29/97--01076--046
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

14. I declare that I have examined 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.

SIGNATURE: Janice B. Clenney JANICE B. CLENNEY 4-24-97 941 773 6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #