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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34356

(6)

JERIL R. CLENNEY, INC.

	FILEL)
Apr 1	7 1998	8:00am
Secr	etary o	f State



Principal Place	of Business	Mailing Address			
1649 N. ED WI	ELLS RD	P.O. BOX 850			
WAUCHULA FL	33873	699 N. HOLLAND TOWN RD		DO NOT WRITE	N THIS SDACE
US		WAUCHULA FL 33873			IN THIS STACE
		U\$		3. Date Incorporated or Qualified	-
				12/17/1984	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 699	N Nolland TN RD		<u> </u>	59-2487885	Not Applicable
Suite, Apt. #	W, etc.	Suite, Apt. #, etc.	1 m 01	5. Certificate of Status Desired	\$8.75 Additional
22		27 699 N Nolland	10WN Rd	l.	Fee Required
City & State		City & State	. .	Election Campaign Financing	\$5.00 May Be
23 WAU	CHULA FL	28 WAUCHNLA	FL	Trust Fund Contribution	Added to Fees
Zip	Country			8. This corporation owes or has pai	
24 3387.	3-0850 25 Nardee	29 33873 - 0850 30	MAKDEE		
	g. Name and Address of Current	Registered Agent	04 None	10. Name and Address of New Reg	hareled Wallit
CLE	NNEY, JANICE B.		81 Name	CLENNEY JANICE	B .
699	N. HOLLAND TOWN RD			Address (P.O. Box Number is Not Acceptable	e)
WAI	UCHULA FL 33873			9 N Holland TOWN	"Rd
			83		
			84 City		85 Zip Code
				uchula	FL 33873
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the proporation's board of directors. I hereby accept	rpose of changing its registered
office or re	eplatered agent, or both, in the State on a familiar with, and accept the obligat	f Florida. Such change was aut	horized by the corp	poration's board of directors. I hereby accep	t the appointment as registered
	in tariffillar with, and according to constitution	7.5 or, occion do 7.0000, 1.6/kg	DAME B	CLENNEY	4-7-98
SIGNATURE \	Sign Uro-vyoed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	UPD	☐ DELETE	1.1 TITLE	\\b \b'	Change Addition
NAME	CLENNEY, JERIL R.		1.2 NAME	Jeril R. CLENNEY 699 N. Holland TOWN	- 1
STREET ADDRESS	699 HOLLANDTOWN ROAD		1.3 STREET ADDRESS	699 N. Holland TOWN	Rd
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY - ST - ZIP	Waychula FL =	338 <i>93</i>
TITLE	STD STD	DELETE	2.1 TITLE	חכ א	Change Addition
1			2.2 NAME	Janice B. CLENNEY 699 N Holland Town &	
NAME	CLENNEY, JANICE B.		2.3 STREET ADDRESS	LAA N Holland TOWN &	ટતે
STREET ADDRESS	699 HOLLANDTOWN ROAD			WAUCHULA FL 338'	. *
CITY-ST-ZIP	WAUCHULA FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	PUNUCHULA FE 336"	Change Addition
TITLE		C) percit			
NAME			3.2 NAME		l
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change L 4480
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		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		· 	6.2 NAME		
!!!			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-7IP			6.4 CITY - ST - ZIP	l	

14. 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.

CR2E034 (10/97)