APR-30-2002 12:31 PM

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90035 009 ***150.00

DOCUMENT # P01000093296

1. Entity Name

TERRIJOHN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
312 Runaway Circle
Suite, Apt. #, etc.
City & State: Ponte Vedra Bch, FL
Zip: 32082 County: St. Johns

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3748184 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID INTERNOSCIA
Street Address (P.O. Box Number is Not Acceptable): 3149 PONCE DE LEON BLVD
UNIT #7
City: ST. AUGUSTINE FL Zip Code: 32084

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOHN SHAFFER
STREET ADDRESS	312 Runaway Cir
CITY-ST-ZIP	Ponte Vedra Bch, FL 320
TITLE	VSD
NAME	TERRI SHAFFER
STREET ADDRESS	312 Runaway Cir
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Terri M Shaffer VP 4/30/02 904-543-1745
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR — Date — Daytime Phone #