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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P21207

r. Corporation	n Name				
TERRA F	FIRST, INC.				
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Principal Place	e of Business	Mailing Address		- · · · ·	
P.O. BOX 1259		P.O. BOX 1259			
HWY 17 SO		HWY 17 SO		DO NOT WRITE IN THIS	S SPACE
VERNON AL 35	592	VERNON AL 35592		3. Date Incorporated or Qualifed	<del>3 01 7102</del>
US		US		· .	
		1.2		10/14/1988	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For .
21	<u> </u>	26		63-0913432	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
	DRE, MELVIN		82 Street A	Address (P.O. Box Number is Not Acceptable)	· ·
	DEERTRACKS TRAIL	•	100		
LAKI	ELAND 33811		83		0.00
	and the second s	Land of the second		- name of the contract of the	85 Zip Code
				FL	85 Zip Code
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named o		
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	orized by the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.		
	1/2m a /\)	,		ם). צ	10
SIGNATURE	Kety a. Rushing			3-15-9	<u> 19</u>
	Signature, upper or printed name of registaled agent	and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating) DATE	
12.	Signature: upget or printed name of registared agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	Signature upper or printed name of registated agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature re 13. 1.1 TITLE	Quired when reinstalling)  ADDITIONS/CHANGES TO OFFICERS AI  PAELIOENT	ND DIRECTORS IN 12
12. TITLE NAME	Signature topo or printer name of regular agent OFFICERS AND PD COVINGTON, ROBERT M.	and title if applicable. (NOTE: Re	egistered Agent eignature re  13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AL PAESIOENT TERRY MASON	ND DIRECTORS IN 12
12.	OFFICERS AND	and title if applicable. (NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	Quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AI  PAELIDENT  JERRY MASON  1528 HICKORY LANE	ND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Separative types of printer name of resulted agent OFFICERS AND PD COVINGTON, ROBERT M. HWY 17 SO VERNON AL	and title if applicable. (NOTE: ReD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AL PAESIOENT TERRY MASON	ND DIRECTORS IN 12 ☐ Change  ☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

SIGNATURE REQUIRED

**FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90061 018 \*\*\*150.00