SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

26 2567 Michaelson Way

DOCUMENT # P97000011706 (3)

KENN S. TERRY, INC.

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

SIGNATURE

21 2557 MicHAelson Way

11260 E WINDTREE DR JACKSONVILLE FL 32257 Mailing Address

11260 E WINDTREE DR JACKSONVILLE FL 32257

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Jul 30 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

5934

5. Certificate of Status Desired

City & State	invuille FL	Ze JACKSUNU!	. El	6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 JACKSUNU. II	Country	Trust Fund Contribution	
24 3222		29 32223	30 U.SA.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 /200	9. Name and Address of Current		30 9777	10. Name and Address of New Registered Agent	
TEODY (FAMILO					
HANDER OF WALLETTER OF			K	enn S. Terry	
11260 E WINDTREE DR JACKSONVILLE FL 32257			82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
JAU	VOONAITEE LE 35591		83		
	•		2557	MicHAelson WAY	
			84 City JACK	MicHAelson WAY (Sonville FL 85 Zip Code 32223	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation súbmits 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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TERRY (KENNA S	DELETE	1.1 TITLE	Change Addition	
NAME	TERRY, KENN S		1.2 NAME		
STREET ADDRESS	11260 E WINDTREE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257	··	1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS	we see the second	
CiTY-ST-ZIP			2.4 CITY-ST-ZIP	2 30	
TITLE		DELETE	3.1 TITLE	L_ Change L_ 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		L DELETE	5.1 TITLE	<b>30000025036月</b> 6編ge [] Addition -07/31/9801040 <b>00</b> 1	
NAME			5.2 NAME	***150.00	
STREET ADDRESS			5.3 STREET ADDRESS	<u>ቀቀቀቸ ጋርስ የ ሰርስ</u>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME	£		6.2 NAME	) 21)	
STREET ADDRESS	•		6.3 STREET ADDRESS	/\/\frac{19}{2}	
CITY-S1-ZIP	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	11. 600 - 4	6.4 CITY-ST-ZIP	440 07/0)(1) Fladda Clothda 14 dhannadh fhalainn	
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 frustee 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 exactment with an address.					

Kenn S. Terry