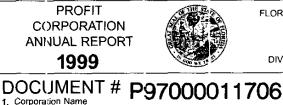
PROFIT CORPORATION ANNUAL REPORT 1999

KENN S. TERRY, INC.

1. Corporation Name

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90073 003 ***150.00

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Principal Place of Business	Mailing Address		•		I SUSSISSI IIO IDIK I ISBN DONS BUKI ODIN DOK	i ilmat likit look ohtis bus toot
2557 MICHAELSON WAY JACKSONVIL).E FL 32223	2557 MICHAELSON WAY JACKSONVILLE FL 32223			DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 01/27/1997	
2. Principal Place of Business	2a. Mailing Addres	ss			4. FEI Number	App ied For
21	26				59-3435305	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Aciditional Fee Required		
City & State	City & State				6. Election Campaign Financing Trust Fand Contribution	\$5.00 May 8e Added to Fees
Zip Country 24 25	Zip 29			This co-poration owes the current year I Personal Property Tax.	ntangible ☐ Yes \$3No	
9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registere	l Agent
TERRY, KENN S 2557 MICHAELSON WAY JACKSONVILLE FL 32223		81 82 83		ress (P.O. Box Number is Not Acceptable)	los Zo Codo	
			84	City	F	
 Pursuart to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the or 	itate of Florida. Such chang	e was authorize	d by t	named corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appe	Tichanging its registered

SIGNATURE:
Signature, typed or printed names of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 12. 13 ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE 1.2 NAME NAME TERRY, KENN S 13 STREET ADDRESS STREET ADDRES 11260 E WINDTREE DR JACKSONVILLE FL 32257 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 62 NAME NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Kenn Terry

4-26-99
Diylime Phone

CR2E034 (11/98)