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

P97000077581 (1)

FILED Oct 01 1998 8:00am Secretary of State

TERRIE'S PLACE INC.	, ,			11 12 12 12 12 12 13 14 15 15 15 15 15 15 15
				i 3 70 38 0 39 0 3 00 4 70 400 400 400 400 400 400 400 400 400 400 400 400
Principal Place of Business	Mailing Address			
204 S 3RD AVE. SUITE 208 JACKSONVILLE BEACH FL 32250			DO NOT WI	RITE IN THIS S PACE
			3. Date incorporated or Qualifie	d
			09/15/1997	
2. Principal Place of Business	2a. Mailing Address	Cali	4. FEI Number	(IO Applied For
21 208 30 Hve South		re South	59-397-16	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City 8 Charles	27 / / / / /			Fee Required
23 Jacksonville Beh, Fl	28 Jacksonvi		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	32764	Country	· ·	paid the current year intangible
24 32350 25 Duval 9. Name and Address of Currer		30) Davat	Personal Property Tax due J 10. Name and Address of New	
WARD, MARK A	r redistoren vilgint	81 Namo 1716	Name and Address of New	Constant Agent
1908 STÄRWAN RD E			ess (P.O. Box Number is Not Accen	neresal-wurd
JACKSONVILLE FL 32211		82 Street Addr	ess (P.O. Box Number is Not Accer	lable)
UNONOUNTILLE FL 32211		83	o Starwart	<u> </u>
į.				
		84 City 10.0	1 Kensuille	FL 85 Zip Code 32311
11. Pursuant to the provisions of sections 607 050	2 and 607 1508 Florida Statutes	the above named cornor	ration submits this statement for the	
Pursuant to the provisions of sections 607,050 office or registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby aco	ept the appointment as registered
agent. I am femiliar with, and accept the oblig			1 e Dun	9 2190
SIGNATURE Signature, typod or printed name of registered age	nt and title if applicable (NOTI	E: Registered Agent signature requ	uired when reinstating)	DATE
12. OFFICERS AN	ID DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE ILICE - President	NELETE	1.1 TITLE		Change Addition
NAME Mark A. Ward	. 10	1.2 NAME		
STREET ADDRESS 1908 Starwant	ed F.	1.3 STREET ADDRESS		1
city-st-zip backsonuille -	1.3 2211	1.4 CITY-ST-ZIP		
TITLE TO	DELETE	2.1 TITLE		Change Addition
NAME Theresa L. War	aple	2.2 NAME		1
	RdE.	2.3 STREET ADDRESS		
CITY-ST-ZIP JackSonville		2 4 CITY-ST-ZIP		
TITLE	DELETE	9	C	Change Addition
NAME		3.2 NAME		ł
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		ļ
STREET ADDRESS		4.3 STREET ADDRESS		·
CITY-ST-ZIP TITLE	[] heirer	4.4 CITY-ST-ZIP 5 1 TITLE		
NAME	DELETE	5.2 NAME		Change Addition
1				
STREET ADDRESS		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	The section	5.4 CITY-ST-ZIP 6.1 TITLE		
NAME	DELETE	6.2 NAME		Change Addition
STREET ADORESS				}
		6.3 STREET ADDRESS		
14. I hereby certify that the Information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP	ion 110 07/2Vi) Florido Statutos I 6	uther earlies 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 same appear in Block 12 or Block 13 if changed, or on an attachment with an actives.