

# AMEND Annual Report

## 2003 FOR PROFIT CORPORATION

### UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000005070**

1. Entity Name  
**TERRY'S F & H INC.**



Principal Place of Business  
**455 W MACLENNY AVE  
MACLENNY, FL 32063**

Mailing Address  
**455 W MACLENNY AVE  
MACLENNY, FL 32063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3486763**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, TERRY  
125 N PINE ACRES RD  
GLEN ST MARY, FL 32040**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$100.00  
ANY MAY 1, 2005 Fee will be \$250.00  
Amended UBR is \$61.25  
Make Check payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **BRADLEY, TERRY**  
STREET ADDRESS **125 N PINE ACRES RD**  
CITY-ST-ZIP **GLEN ST MARY, FL 32040**

TITLE **P** ☐ Delete  
NAME **BRADLEY, ANITA**  
STREET ADDRESS **125 N PINE ACRES RD**  
CITY-ST-ZIP **GLEN ST MARY, FL 32040**

TITLE **J** ☐ Delete  
NAME **BARTON, JULIE**  
STREET ADDRESS **7509 oak Ridge Loop**  
CITY-ST-ZIP **Glen St. Mary, FL 32040**

TITLE **S** ☐ Delete  
NAME **TERRY Reynolds**  
STREET ADDRESS **7891 JD Higginbotham Rd.**  
CITY-ST-ZIP **Glen St. Mary, FL 32040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200022485142**  
**08/21/03--01059--011 \*\*61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David Whitehead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/03**

**9042599080**

Date

Daytime Phone #

CPE034 (10/02)

*7/8/08*