PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000019630

1. Corporation Name

TERRI'S SPECIALITIES, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90040 049 ***150.00



Principal Place of Business Mailing Address											
12620 MUIRFIELD BOULEVARD SOUTH 12620 MUIRFIELD BOULEVAR JACKSONVILLE FL 32225 JACKSONVILLE FL 32225					ł		DO NOT WRITE IN TH	IS SPACE			
							3. Date Incorporated or Qualifed 03/02/1998		_		
2. Principal Pl	Place of Business 2a. Mailing Address					•	4. FEI Number		Applied For		
21	_	26					59-3506836	لــلِـــــــــــــــــــــــــــــــــ		Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc			··	5. Certificate of Status Desired	Fee Required			
City & State	8	28	City & State				6. Election Campaign Financing Trust Fund Contribution	Added to Fees			
Zip				Zip Country			8. This corporation owes the current year Intangible				
24	25 29 30			30			Personal Property Tax.				
	9. Name and Address of Curr	ent Register	red Agent		_		10. Name and Address of New Registere	d Agent			
				8	1	Name					
BRILEY, D R 1837 HENDRICKS AVENUE					2	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
JACH	(SONVILLE FL 32207			8	3					_	
				8	4	City		85	Zip Co	dė	
						<u> </u>					
l office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida	Such change was a	ilitnonzea b	ıv tr	named corpo ne corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	or changing ointment a	g its re is regis	stered	
SIGNATURE											
	Signature, typed or printed name of registered a				jent s	signature required		AND DIDE	CTOR	C IN 42	
12.	OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE		Addition	
TITLE	PSD		□ DELETE	1,1 TITLE					ng.		
NAME	BROWDER, TERRI F			1.2 NAME							
STREET ADDRESS	12620 MUIRFIELD BOULEVA	KD SOUTH				ADORESS .					
CITY-ST-ZIP	JACKSONVILLE FL 32225			1.4 CITY		ZIP		☐ Char		Addition	
TITLE	VTD		☐ DELETE	2.1 TITLE				L Cila	ilge	Addison	
NAME	BROWDER, JOSEPH E JR			2.2 NAMI	E		•				
STREET ADDRESS	12620 MUIRFIELD BOULEVA	rd south		1		ADDRESS				_	
CITY-ST-ZIP	JACKSONVILLE FL 32225			2. 4 CITY		- ŽIP				Addition	
TITLE	•		☐ DELETE	3,1 TITLE				Char	iige	☐ Addition	
NAME				3.2 NAMI	E						
STREET ADDRESS				3.3 STRE	ETA	ADDRESS	•				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CITY		-ZiP		F71 OF -		☐ Addition	
TITLE			☐ ÒETELE	4.1 TITLE		1		Chai	nge	☐ Addition	
NAME				4. 2 NAM							
STREET ADDRESS				4.3 STRE	ET A	ADDRESS	•				
CITY-ST-ZIP				4.4 CITY		ZIP				□ 8.44%;-∞:	
TITLE			☐ OELETE	5.1 TITLE				☐ Cha	nge	Addition	
NAME				5.2 NAMI		_ }					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CITY		ZIP				Contraction of	
TITLE			☐ DELETE	6,1 TITLE				☐ Cha	nge	Addition	
NAME				6.2 NAM				•			
STREET ADDRESS	'					ADDRESS					
CITY-ST-ZIP	1			6.4 CITY	-87-	ZIP				_	

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.

SIGNATURE: