FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000033615

TERRY CAPITAL ADVISORS, INC.

Principal Place of Business

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90211 012 ***150.00



| 3164 STONEWA | | 3164 STONEWATER URIVE . LAKELAND FL 33803 | | | | |
|----------------------|--|--|----------------------------|--|-----------------------------|------------|
| LAKELAND FL 3 | 13003 | CHRELAND FC 30000 | | DO NOT WRITE | IN THIS SPACE | |
| | | | | Date Incorporated or Qualifed 04/13/1998 | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied | d For |
| 2. Pilloparti | - GRASOLA Allo Oris | 26 2870 GRA | SSLANDS L | LIM 59-3504795 | Not Ap | pilicable |
| Suite, Apt. | | Suite, Apt. #, etc. | _ | | S8.75 Addit | |
| City & State | dowl Florish | City & State 28 LAKELANA | Flando | Election Campaign Financing Trust Fund Contribution | □ \$5.00 May Added to Fe | |
| Zip | Country | Zip | Country | 8. This corporation owes the curren | it vear Intangible | |
| ₁ [™] ፘፘፘ | | 29 33803 30 |] | Personal Property Tax. | ☐ Yes | Ńο |
| 24] | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| | | | 81 Name | JOCK G. TER | RU | |
| SAMMONS, ROBERT O | | | 82 Street | OCK G. ICR Address (P.O. Box Number is Not Acceptab | le): | |
| 1552 | SIXTH STREET SE | | July Street | Addiesa (1.0. Dex Hamber is Het Agespass | | |
| WINT | TER HAVEN FL 33880 | | 83 | 870 GRASSLANDS | <u> </u> | |
| | | | 94 6 | | 85 Zip Code | |
| | | | 84 City | Akeland, | FL 3332 | ŏ3 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above-named | corporation cubmits this statement for the or | urnose of changing its reg | istered |
| office or re | egistered agent, or both, in the State of | Florida, Such change was auth | orized by the corpo | oration's board of directors. I hereby accept | the appointment as registe | erea |
| agent. I ai | m ramiliar with, and accept the obligate | 1 Franch | Dialutes. | 41 | 20/50 | ļ |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title idapplicable. (NOTE: Re | gistered Agent signature n | equired when reinstating) | DATE | <u> </u> |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFI | | IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | D | | Addition |
| NAME | TERRY, JOCK G | | 1.2 NAME | 2870 GROSSLOWA | | ì |
| STREET ADDRESS | 3164 STONEWATER DRIVE | | 1.3 STREET ADDRESS | 2830 English | e Oristo | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 1.4 CITY-ST-ZIP | Lake Francisco | 77867 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ENCHADO C | Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | ĺ |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | - |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | , | ☐ DELETE | 3.1 TITLE | | Change [| Addition |
| NAME | | | 3.2 NAME | | | } |
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| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| | · | | 4.4 CITY-ST-ZIP | | | } |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change [| Addition |
| NAME | | | 5.2 NAME | | • | • |
| STREET ADDRESS | | • | 5.3 STREET ADDRESS | | | |
| • | | • | 5.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLÉ | | ☐ DELETE | 6.1 TITLE | | Change [| Addition |
| NAME | · | — | 6.2 NAME | | | , |
| ; | · . | * • • | 6.3 STREET ADDRESS | | | 1 |
| STREET ADDRESS | | | 6.4 CITY+ST-ZIP | ٠. | | |

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.