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95 FEB 27 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 277981 (7)

1. Corporation Name
J. C. TERRY FARMS, INC.

TERMS OF 30047841 1994 02/14/95
NOTIFY SENIOR OF NEW ADDRESS
J.C. TERRY FARMS
RT 5 BOX 502
LAKE CITY FL 32024-9222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Return
21. Route 11 Box 502		26. Route 11 Box 502		01/29/1984	06/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1100152	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Lake City, FL		28. Lake City, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24. 32024-9222		29. 32024-9222		30. This corporation has liability for intangible tax under S. 199(3), Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TERRY, C T RT 5 BOX 502 LAKE CITY FL 32055				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL	85.	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature of the corporation's registered agent and his/its certificate. Signature of the registered agent (not required when filing electronically)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	CD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, CT	2. NAME	
STREET ADDRESS	RT 5 BOX 502 11 BOX 502	3. STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY, FL 00000	4. CITY, ST, ZIP	
TITLE	P	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, JAMES I	22. NAME	
STREET ADDRESS	RT 5 BOX 502 11 BOX 502	23. STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY, FL 00000	24. CITY, ST, ZIP	
TITLE	S	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, EC	32. NAME	
STREET ADDRESS	RT 5 BOX 502 11 BOX 502	33. STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY, FL 00000	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *C.T. Terry CB*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 C.T. TERRY CB

22-Feb-95-904 752-0996