

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 277981 (7)

1. Corporation Name  
**I. C. TERRY FARMS, INC.**



Principal Place of Business: RT 11 BOX 502 LAKE CITY FL 32024-9222 US  
Mailing Address: RT 11 BOX 502 LAKE CITY FL 32024-9222 US

3. Date Incorporated or Qualified: 01/29/1964  
3a. Date of Last Report: 02/27/1995  
4. FEI Number: 59-1100152  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

TERRY, C T  
RT 5 BOX 886  
LAKE CITY FL 32055

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 Officer or Director (Name and address of the person signing this statement)

Signature of Registered Agent (Name and address of the person signing this statement)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TERRY, CT	
STREET ADDRESS	RT 11 BOX 502 N/A	
CITY-STATE-ZIP	LAKE CITY, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TERRY, JAMES I	
STREET ADDRESS	RT 11 BOX 502 N/A	
CITY-STATE-ZIP	LAKE CITY, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TERRY, EC	
STREET ADDRESS	RT 11 BOX 502 N/A	
CITY-STATE-ZIP	LAKE CITY, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James I Terry Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Feb 1996  
DATE DAY-MONTH-YEAR

CR2E034 (12/95)