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Mar 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
RT 11 BOX 502 LAKE CITY FL 32024-9222 US  
RT 11 BOX 502 LAKE CITY FL 32024-9811 US

3. Date Incorporated or Qualified 01/29/1964  
3a. Date of Last Report 02/27/1996  
4. FEI Number 59-1100152  
Applied For Not Applicable  
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 2a. Mailing Address  
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country  
24 Country 29 Zip 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  
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 \_\_\_\_\_ (NO If Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	TERRY, CT	1.2 NAME	
STREET ADDRESS	RT 11 BOX 502 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	TERRY, JAMES I	2.2 NAME	
STREET ADDRESS	RT 11 BOX 502 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	TERRY, EC	3.2 NAME	
STREET ADDRESS	RT 11 BOX 502 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	Madison Ross Terry	4.2 NAME	
STREET ADDRESS	Route 11 Box 502 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024-9222	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	Eael William Terry	5.2 NAME	
STREET ADDRESS	Route 11 Box 502 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024-9222	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: James I. Terry Pres. 19M ARCH 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)