

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

10/19/97

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90125 039 ***150.00

DOCUMENT # 277981

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1100152 Applied For Not Applicable

2. Principal Place of Business RT 5 Box 208

2a. Mailing Address RT 5 Box 208

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. Suite, Apt. #, etc

27. Suite, Apt. #, etc

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. City & State

28. City & State Lake City FL

8. This corporation owes the current year Intangible Personal Property Tax Yes No

24. Zip Country

29. Zip Country 32024 US

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent TERRY, C T RT 5 BOX 886 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	TERRY, JAMES I	
STREET ADDRESS	RT 11 BOX 502 N/A	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TERRY, MADISON ROSS	
STREET ADDRESS	RT 11 BOX 502	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TERRY, EARL WILLIAM	
STREET ADDRESS	RT 11 BOX 502	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	RT 5 Box 208	
1.4 CITY-ST-ZIP		
2. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	RT 5 Box 208	
2.4 CITY-ST-ZIP		
3. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	RT 5 Box 208	
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: I. C. TERRY FARMS, INC. *M. Ross Terry VP* 3/15/99 904-752-0996
MADISON ROSS TERRY V.P. Date Daytime Phone #

CR2E034 (1/1/98)