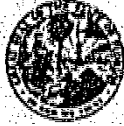


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:48**

DOCUMENT # 159666 (7)

1. Corporation Name
TERRY BUICK, INCORPORATED

Principal Place of Business 6400 BLANDING BLVD. P O BOX 14327 JACKSONVILLE 3 FL 32238-8327	Mailing Address 6400 BLANDING BLVD. P O BOX 14327 JACKSONVILLE 3 FL 32238-8327
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/21/1949	3a. Date of Last Report 04/15/1994
4. FEI Number 59-0606449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 29. Zip 30. Country
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9. Name and Address of Current Registered Agent
**TERRY, RAY G
6400 BLANDING BLVD.
5837 GOLFRIDGE LANE
JACKSONVILLE FL 32244**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TERRY, RAY G
STREET ADDRESS	6400 BLANDING BLVD.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	ST
NAME	HELLER, MARY L
STREET ADDRESS	6400 BLANDING BLVD.
CITY- ST- ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	TERRY, RAY G., JR
STREET ADDRESS	6400 BLANDING BLVD.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	VD
NAME	TERRY, F. RUSSELL
STREET ADDRESS	6400 BLANDING BLVD.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	VD
NAME	MIDDLEKAUFF, FRANCES R
STREET ADDRESS	6400 BLANDING BLVD.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- 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- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- 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 110.07(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: *Mary L. Heller, Sec. Treas.* **3/16/95** **904-777-5550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) Daytime Phone #
MARY L. HELLER