

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 11/21/1949
3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-0606449
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 (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TERRY, RAY G, 6400 BLANDING BLVD., 5637 GOLFRIDGE LANE, JACKSONVILLE FL 32244
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, RAY G	12. NAME	
STREET ADDRESS	6400 BLANDING BLVD.	13. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14. CITY - ST - ZIP	
TITLE	ST	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, MARY L	22. NAME	
STREET ADDRESS	6400 BLANDING BLVD.	23. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	24. CITY - ST - ZIP	
TITLE	VD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, RAY G., JR	32. NAME	
STREET ADDRESS	6400 BLANDING BLVD.	33. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34. CITY - ST - ZIP	
TITLE	VD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, F. RUSSELL	42. NAME	
STREET ADDRESS	6400 BLANDING BLVD.	43. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44. CITY - ST - ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEKAUFF, FRANCES R	52. NAME	
STREET ADDRESS	6400 BLANDING BLVD.	53. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	54. CITY - ST - ZIP	
TITLE		6. 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 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: *Mary Heller, Sec. Treas.* 4/15/96 904 777-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)