

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90059 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **159666**

1. Corporation Name
TERRY BUICK, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6400 BLANDING BLVD. P O BOX 14327 JACKSONVILLE 3 FL 32238-8327	6400 BLANDING BLVD. P O BOX 14327 JACKSONVILLE 3 FL 32238-8327

3. Date Incorporated or Qualified
11/21/1949

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number **59-0606449** 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 owes the current year Intangible Personal Property Tax. Yes No

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME TERRY, RAY G
 STREET ADDRESS 6400 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ST DELETE
 NAME HELLER, MARY L
 STREET ADDRESS 6400 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE, FL.00000

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME TERRY, RAY G., JR
 STREET ADDRESS 6400 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME TERRY, F. RUSSELL
 STREET ADDRESS 6400 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME MIDDLEKAUFF, FRANCES R
 STREET ADDRESS 6400 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 904-777-5550
 Date Daytime Phone #

CR2E034 (11/98)