

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 9: 02

DOCUMENT # **F94000003150 (9)**

1. Corporation Name

THE TERRA GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SUITE 1350
8000 TOWERS CRESCENT DRIVE
VIENNA VA 22182

SUITE 1350
8000-TOWERS CRESCENT-DRIVE
VIENNA VA-22182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report

4. FEI Number
APPLIED FOR 54-1588204

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. 193.032,
Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	3000 SAWGRASS VILLAGE Circle Suite, Apt. #, etc 3203 City & State PONTE VEDRA BEACH, FL	26	3000 SAWGRASS VILLAGE CIR. Suite, Apt. #, etc. 3203 City & State PONTE VEDRA BEACH, FL
22	3203	27	3203
23	PONTE VEDRA BEACH, FL	28	PONTE VEDRA BEACH, FL
24	32082	29	32082
25	USA	30	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of Registered Agent (required when it applies)

Signature of Registered Agent (required when it applies)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MATHIS, JOEL D 8000 TOWERS CRESCENT DRIVE, SUITE 1350 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSD HARRIS, RICHARD S 8000 TOWERS CRESCENT DRIVE, SUITE 1350 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FANTI, LINDA 8000 TOWERS CRESCENT DRIVE, SUITE 1350 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 SAWGRASS VILLAGE CIR, STE 3203 PONTE VEDRA BEACH, FL 32082
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 SAWGRASS VILLAGE CIR, STE 3203 PONTE VEDRA BEACH, FL 32082
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 SAWGRASS VILLAGE CIR, STE 3203 PONTE VEDRA BEACH, FL 32082
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included on the 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the 12 or 13, if changed, on an attachment with an address.

SIGNATURE:

JOEL D. MATHIS

2 March 95 904 273 6173

SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR

DATE

TELEPHONE