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

**PROFIT** CORPORATION PORT



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

ANNUAL REPOR
1996

F42598

(5)

DOCUMENT #

1. Corporation Name TERCO, INC.



					1 164(184 tett alais line) and annual	
Principal Place of Business Mailing Address						
7200 DAVIS BLV		7200 DAVIS BLVD NAPLES FL 33962-4901			}	
NAPLES FL 3396	62- <b>490</b> 1	MARKED TE 0030249001			Date Incorporated or Qualified	3a. Date of Last Report
					3. Date Incorporated or Qualified <b>08/28/1981</b>	05/01/1995
					4. FEI Number	Applied For
. Principal Plac	e of Business	2a. Mailing Address			59-2155606	Not Applicable
		26				\$8.75 Additional
Suite Apt. #,	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	Fee Required
2		City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		F n '			Trust Fund Contribution	Auded to 1 ecs
3	Compa	<b>28</b> Zip	Countr	ŗy	8. This corporation has liability for in	intangible tax under s. 199.032,
- Ζφ -1	Country 25	29	30		Florida Statutes Yes	enistered Arent
4	9. Name and Address of Current				10. Name and Address of New Ro	redicional adain
	4		8	II		
HIIBGUUA	AMN, HARRISON		P	32 Street Addr	iress (P.O. Box Number is Not Acceptabl	nle)
7200 DAV	1S BLVD					
NAPLES F	FL 33962		E	83		
TAN ELO!	<del></del>		-	<b>B4</b> Gity		FL 85 Zip Code
			[		oration submits this statement for the pur ard of directors. I hereby accept the appo	of changing its registered office
S'GNATURE	ed agent, or both, in the State of From m, and accept the obligations of, Sect Signals, takets projection of the both Asia.			April signature militari	not when reinstating: ADDITIONS/CHANGES TO OFF	PATE FICERS AND DIRECTORS IN 12 Change Addition
12.	OFFICERS AN	DELETE	1 1 111	TLE		Change Addition
Inite	HUBSCHAMAN, SAMUEL		1.2 NA/	MĒ		
NAME:	102 TUPELO RD.		+ 13 <del>50</del>	MEET ADDRESS		
STREET ADDRESS	NAPLES, FL 00000			IY-SI-ZIP		Change Addition
CITY ST-ZIF	SD	☐ DELETE	2 1 %	1		C Annual C 1999
NAMÉ	BEYRENT, TERYL		2 2 NA			
NAME STREET ADDRESS	5147 SEAHORSE AVE			TREET ADDRESS		
CHY ST-ZIS	NAPLES FL			17.51.20		Change Addition
TITLE	VID	DELETE	3 1 1	- 1		_ —
NAME	HUBSCHMAN, HARRISON		3 2 NA	i i		
STREET ADDRESS	101 CARICA RD.			STREET ALIDRESS		
CITY - ST. ZIP	NAPLES, FL 00000	☐ DELETE	34 C1	THUE	3000018 -05/06/9601	BOS355ape 🗆 Addition
TITLE	VD LIDECHEAN CONNIE	F I DECEME	42%		-05/06/9601	1062024
NAME	HUBSCHMAN, CONNIE			STHEFT ADDRESS	***200.00	
STREET ADDRESS	50 DOLPHIN CIRCLE NAPLES, FL 00000			DITY-ST-ZIP		
CITY-S1-ZIF		[] DELETE		TITLE		☐ Change ☐ Addition
TITLE	VD HUBSCHAMN, ALBERT	L. Section	l l	NAME		
NAME	FAN MICCT DI ACE			STREET ADDRESS		
STREET ADDRESS	NAPLES, FL 00000			CHTY - ST - ZIP		C 2000
CITY - ST - ZIP	IWITEO, IL WOOD	DELETE		TITLE		☐ Change ☐ Additio
TITLE		C		NAME		
NAMÉ				STREET ADDRESS		
STREET ADDRESS	S			CITY-ST-ZIP		10 07/04/1 Storida Statutes I further
	The state of the s		0.4			

14. I do hereby certify that the information supplied with this fing 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 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 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 certify that the information indicated on this fing 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 fing 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 fing 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 fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further the certification of the certi

SIGNATURE:

SIGNATURE AND PEROR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4-10 94