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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** 

May 16 1997 8:00am

Secretary of State

DOCUMENT # F42598

(5)

TERCO, INC.

,	ING.											
Principal Place	e of Business			ing Address					A TOURING ISIN DARIN HANDLOINE HORDE ADIA		JUL OKRA DIDIA D	/ I B I I 7 B B 3
7200 DAVIS BLVD NAPLES FL 33962-4901				7200 DAVIS BLVD NAPLES FL 34104-5303								
									3. Date Incorporated or Qualified 08/28/1961		ale of Last R 01/1996	eport
2. Principal Place of Business 21				2a. Mailing Address 26					4. FEI Number 59-2155606			oplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State				City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	<u> </u>			Zip Cou					8. This corporation has liability for intangible tax under s. 199.03			
24	2	25	29		30					] Yes [		
	9, Name a	and Address of Curren	t Registe	red Agent					10. Name and Address of New Re	gistered a	Agent	
HUB	SCHAMN, H	ARRISON				81	Name					i
7200 DAVIS BLVD						82 Street Address			ss (P.O. Box Number is Not Acceptal	ole)		
NAPLES FL 33962												
						84	City			FL	<b>85</b> Zip	Code
11. Pursuant office or r	to the provision	ons of Sections 607.050 ont, or both, in the State h, and accept the oblig-	2 and 607 of Florida	7.1508, Florida Statu I. Such change was	tes, the a	above	e-named the cor	corpo poratio	ration submits this statement for the pon's board of directors. I hereby acco	ourpose of at the app	changing it ointment as	is registered registered
SIGNATURE												
12.	Signature, typed o	7/5/15-57	(NOTE Registereo Agent signature requ			c required	ADDITIONS/CHANGES TO OFF	DATE CERS AND	) DIRECTOR	RS IN 12		
TITLE	PD	OFFICERS AN	DINECT	DELETE		: IITLE		[	ADDITIONATION AND TO GITT	JETIO PANE	Change	Addition
NAME		MAN, SAMUEL				1.2 NAME					_ ,	
	STREET ADDRESS 102 TUPELO RD.						1.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES, F				1	DITY-S						
TITLE	SD			☐ DELETE		HILE					Change	Addition
NAME	BEYRENT,	TERYL			221	NAME						
STREET ADDRESS	5147 SEA	HORSE AVE.			2.3	STREET	ADDRESS					
CITY-ST-ZIP	ZIP NAPLES FL						\$1 - 71P					
TITLE	VTD			DELETE	3.1	IIILE					☐ Change	Addition
NAME		ian, Harrison		3.								
STREET ADDRESS				3.3			ADDRESS					
CITY-ST-ZIP	NAPLES, F	£ 00000				3.4. CITY - ST - ZIP						
TITLE	VD			DELETE 4.1							Change	Addition
NAME		IAN, CONNIE			4. 2	NAME						
STREET ADDRESS	50 DOLPH						ADDRESS	1				
CITY-ST-ZIP	NAPLES, F	-r 00000		E DECETE			31 - ZIP	<del> </del> -			D Change	Addition
TITLE	VD	MAI ALBERT		☐ DELETE		TILLE					Change	L.J KOOIIION
NAME		MN, ALBERT				NAME	. Lance-					
STREET ADDRESS	529 WEST				- 1		ADDRESS					
CITY-ST-ZIP	NAPLES, F	-r 0000	-	DELETE		C(1 Y - 5	51 - ZIP	ļ			Change	Addition
THLE				LT NECEST		THLE					☐ change	T VOUIDOU
NAME OZUPEZ ADDOCOO						NAME Page Ca	. ADDDDGGG					
STREET ADDRESS					63	PIHIFF	ADDRESS					

14. I do 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 eath; that I am an officer or director of the graph attion 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 17 thinged, or on an attachment with an address.