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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99432 1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TERRA - SCAPE INC.

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Principal Place of Business Mailing Address						T INTERNATION OF THE PARTY	\$ IIII\$B HAH AKAN ON	/### # 4### #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
911 CESERY JACKSONVILLE FL 32211 US		P.O. BOX 11568 JACKSONVILLE FL 32239 US				DO NOT W	RITE IN THIS	SPACE		
00		00				Date Incorporated or Qualife	:d			
						09/14/1982			,	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		\vdash		ed For
21		26				59-2224765		40	1	Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional				
City & State		City & State	City & State			6 Floring Compaign Financia				i
		28	¬ ´			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
7in	Zip Country Zip			ntry		This corporation owes the current year Intangible				
24	25	29	30	,		Personal Property Tax.	,	Yes	X	(No
24	9. Name and Address of Current		1,00			10. Name and Address of Nev	v Registered .	Agent		
				81	Name					
LUCKINBILL, STEVEN				82	Street Addre	ess (P.O. Box Number is Not Acce	otable)			
7880 BELLEMEADE BLVD., S.				-	Street rise.					
JACI	KSONVILLE FL 32211			83						1
			-	84	City			85	Zıp Co	de
					•		FL	.	·	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such change was a	uthorized	by th	named corpo ne corporatio	pration submits this statement for ti in's board of directors. I hereby acc	ne purpose of cept the appoir	changin atment a	g its re is regis	gistered
SIGNATURE										
	Signature, typed or printed name of registered agent	. 10110 1010 1 177	Registered /	Agents	signature required	ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRE	CIOR	S IN 12
12.	OFFICERS ANI	D DELETE	- 13. '!TITI	1 F		ADDITIONS/CHANGES TO	JI I I I CE I TO F II I	Cha		Addition
TITLE	D DELETE LUCKINBILL, JEANNETTE			12 NAME						
NAME	TOOL BELLEVE DE BLUD COURT			13 STREET ADDRESS						
STREET ADDRESS	JACKSONVILLE, FL FL 32211	1111	1 4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	DIP	☐ DELETE	21 TITLE		ZII'			☐ Cha	nge	Acdition
NAME	CUGINI, TIMOTHY J		2 2 NAME							
	14212 QUINLAN RD N.		23 STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL FL 32211		2.4.0 (N-ST-ZIP		!					İ
TITLE	DVST OELETE			3 : TITLE				[] Cha	nge	Acdition
NAME	LUCKINBILL, STEVEN H		3 2 NA	3.2 NAME						
STREET ADDRESS	7880 BELLEMEADE BLVD		H		ADORESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32211		ll l	34 CITY-ST-ZIP						
DITLE	D DELETE			4 1 TITLE				Cha	inge	Acdition
NAME	CUGINI, LINDA		4 2 NA	ME						
STREET ADDRESS	4442 OLIMI AN DO N		43 STF	REETA	ADDRESS					
City-St-ZIP	JACKSONVILLE FL		1	4.4 CITY+ST+ZIP						
TITLE				5 1 TITLE				Cha	inge	☐ Acdition
NAME			5.2 NAI	ME						l
STREET ADDRESS			5 3 ST	REETA	ADDRESS					
ÇITY-ST-ZIP			54 CIT	Υ-\$T-	ZIP _					
TITLE		☐ DELETE	6 1 TIT	۱E				Cha	nge	Addition
NAME			6.2 NAJ	мЕ						

6.3 STREET ADDRESS

64 CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling 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.