

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8-9-95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMEDY: \$175)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 9:02

**DOCUMENT # J38342 (8)**

1. Corporation Name  
**TERRACO, INCORPORATED**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **644 HICKORY ROAD NAPLES FL 33963-2610**  
 Mailing Address: **644 HICKORY ROAD NAPLES FL 33963-2610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1986**  
 3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26**  
 State, Apt # etc: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 Zip: **29** Country: **30**

4. FEI Number: **59-2729742**  
 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. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DICICCO, ROBERT ALLEN  
 209 RIDGE DRIVE  
 NAPLES FL 33963**

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 Current Registered Agent and the filer)

(Signature of Agent to be registered when starting)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE: <b>PS</b> NAME: <b>DICICCO, ROBERT A.</b> STREET ADDRESS: <b>209 RIDGE DRIVE</b> CITY, ST, ZIP: <b>NAPLES FL</b>	
TITLE: <b>VT</b> NAME: <b>DICICCO, CHRISTOPHER</b> STREET ADDRESS: <b>644 HICKORY RD</b> CITY, ST, ZIP: <b>NAPLES FL</b>	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	
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	
16 TITLE: _____ 17 NAME: _____ 18 STREET ADDRESS: _____ 19 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: _____ 22 NAME: _____ 23 STREET ADDRESS: _____ 24 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: _____ 32 NAME: _____ 33 STREET ADDRESS: _____ 34 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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, secretary, or other person in receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 as an officer or director of an incorporation with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT A. DICICCO**

6/6/95 (813) 566-3132

CR2E034 (3/95)