

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: PS NAME: DICICCO, ROBERT A. STREET ADDRESS: 209 RIDGE DRIVE CITY, ST, ZIP: NAPLES FL	
TITLE: VT NAME: DICICCO, CHRISTOPHER STREET ADDRESS: 644 HICKORY RD CITY, ST, ZIP: NAPLES FL	
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
16 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17 NAME:	
18 STREET ADDRESS:	
19 CITY, ST, ZIP:	
20 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21 NAME:	
22 STREET ADDRESS:	
23 CITY, ST, ZIP:	
24 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
25 NAME:	
26 STREET ADDRESS:	
27 CITY, ST, ZIP:	
28 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
29 NAME:	
30 STREET ADDRESS:	
31 CITY, ST, ZIP:	
32 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
33 NAME:	
34 STREET ADDRESS:	
35 CITY, ST, ZIP:	

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 the corporation.

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

6/6/95 (813) 566-3132

CR2E034 (3/95)