

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	2a. Mailing Address
21	26
State, Apt # etc	State, Apt # etc
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number	Applied For
59-2729742	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
	FL

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 required)

(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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 of the corporation, or an authorized receiver 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)