

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J38342** (8)

1. Corporation Name  
**TERRACO, INCORPORATED**



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

3. Date Incorporated or Qualified: **10/16/1986**  
3a. Date of Last Report: **07/05/1995**

2. Principal Place of Business: **21 1854 TRADE CENTER WAY SUITE, APT. #, etc. 22 200 23 NAPLES FL 24 33942 25 USA**  
2a. Mailing Address: **26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country**

4. FEI Number: **59-2729742**  
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: **DICICCO, ROBERT ALLEN 209 RIDGE DRIVE NAPLES FL 33963**  
10. Name and Address of New Registered Agent: **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 607.0509 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PS</b> <input type="checkbox"/> DELETE	NAME: <b>DICICCO, ROBERT A.</b>	1.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS: <b>209 RIDGE DRIVE</b>	CITY-ST-ZIP: <b>NAPLES FL</b>	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: <b>VT</b> <input type="checkbox"/> DELETE	NAME: <b>DICICCO, CHRISTOPHER</b>	2.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS: <b>644 HICKORY RD</b>	CITY-ST-ZIP: <b>NAPLES FL</b>	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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(3)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4.26.96** DAYTIME PHONE #: **941 566-3132**

CR2E034 (12/95)