## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 1854 TRADE CENTER WAY

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

TERRACO, INCORPORATED

Principal Place of Business

1854 TRADE CENTER WAY

## DOCUMENT # J38342 1. Corporat on Name

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90255 024 \*\*\*150.00



SUITE 200			SUITE 200 NAPLES FL 34109					DO NOT WRITE IN THIS SPACE						
NAPLES FL 3410 US	09	US					3. Date II	n corporated or	Qualifed					
00							ľ	10/16	6/1986					
2. Principal Pl	ace of Business		2a. Mailing Addres	ss —				4. FEI Nu	nber			-	App	ied For
21		26					59-2729742					Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						te of Status E	Decired				c ditional
22		27					s. Certiic	e de de Status L	Jesirea			Fee Re	uired	
City & State	)	City & State					6. Electic	n Campaign F	inancing		\$	5.00	May Be	
23		28					Trust F	und Contribut	ion			Added to	Fees	
Zip	Co	un ry	Zip		Country			B. This co	orporation owe	s the curr	ent year			
24	25		29	30	)				al Property Ta					[]No
	9. Name and Ad	idress of Current	Registered Agent					0. Name	and Address	of New R	Registere	d Ager	t	
					81	Name	•							
DICICCO, ROBERT ALLEN			†			Street	Address	(P.O. Bo)	Number is No	ot Accepta	ible)		***	
209 RIDGE DRIVE						0	.,	(, , , , , , , , , , , , , , , , , , ,						
napi	LES FL 34108				83									İ
					84	City						. 85	Zip C	ode
					84	City					F	L	Zip C	, , ac
office or re	egistered agent, or l	both, in the State o	2 and 607.1508, Florida of Florida. Such change ions of, Section 607.05	e was auth	iorizea by	the corp	d corporati poration's	on submi board of	its this stateme cirectors. I her	ent for the eby accep	purpose of the app	of chan cointme	ging its it as reg	r-∋gistered ustered
-		, ,												ł
SIGNATURE	Signature, typed or printed	na ne of registered agent	and title if applicable	(NOT:: Re	gistered Agen	t signature	required when				DATE			
12.		OFFICERS AND	DIRECTORS		13.		<del></del>	ADDITI	ONS/CHANGE	S TO OF	FICERS			
TITLE	PS		☐ DEI	LETE	1.1 TITLE							□(	Change	☐ Addition
NAME	DICICCO, ROBE	RT A.			12 NAME									
STREET ADDRE 3S	209 RIDGE DRIV	Æ			1.3 STREET	ADDRESS	3							
CITY-ST-ZIP	NAPLES FL				1.4 CITY-S	T-ZIP								
TITLE	VT		☐ DEI	LETE	2.1 TITLE								Change	☐ Addition
NAME	DICICCO, CHRIS	STOPHER			2.2 NAME									
STREET ADDRESS	644 HICKORY F				2 3 STREET	ADDRESS	3							
CITY-ST-ZIP	NAPLES FL				2. 4 CITY-S	T-ZIP	ł							
TITLE			☐ DE	LETE	31 TITLE								Change	Addition:
NAME					32 NAME									
STREET ADDRESS					3.3 STREET	TADDRESS	3							
CITY-ST-ZIP					3.4. CITY-S	T-ZiP								
TITLE			□ DE	LETE	41 TITLE		T						Change	Addition
NAME					42NAME									
STREET ADDRESS					4.3 STREE	T ADDRESS	8							
CITY-ST-ZIP					4.4 CITY-S									
TITLE			□ DE	LETE	5.1 TITLE		<u> </u>						Change	Addition
NAME			<del>_</del>		5.2 NAME									
STREET ADDRESS					5.3 STREET	r address	3							
					5.4 CITY-S									
CITY-ST-ZIP TITLE				LETE	6.1 TITLE		+						Change	Addition
			_ 50.		6.2 NAME								-	
NAME					63 STREE	TADDRESS	S							Ì
STREET ADDRESS					B		1							ŀ

14. I heret y certify that the informa ion supplied with this filing 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 of 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 changes, or on an appear with an address, with all other like empowered.

SIGNATURE: