

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L02430** (1)

95 FEB 13 AM 10:41

1. Corporation Name
TERRI CLOTH INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **% DANIEL C. PERRI
5 CLIFFORD DR. SUITE 12
SHALIMAR FL 32579**

Mailing Address: **% DANIEL C. PERRI
5 CLIFFORD DR. SUITE 12
SHALIMAR FL 32579**

3. Date Incorporated or Qualified: **07/14/1989** 3a. Date of Last Report: **06/20/1994**

4. FEI Number: **59-2956425** 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

2. Principal Place of Business: 21
2a. Mailing Address: 26

22. Suite, Apt. #, etc.: 27
23. City & State: 28

24. Zip: 25 Country: 29
25. Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
**PERRI, DANIEL C.
5 CLIFFORD DR
SUITE 12
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAIGHT, TERESA B.
STREET ADDRESS	515 PINE AVE
CITY-ST-ZIP	NICEVILLE FL
TITLE	D
NAME	CASEY, TERESA A.
STREET ADDRESS	1509 ROYAL PALM DR
CITY-ST-ZIP	NICEVILLE FL
TITLE	D
NAME	STRAIGHT, T.A.
STREET ADDRESS	515 PINE AVE
CITY-ST-ZIP	NICEVILLE FL
TITLE	D
NAME	CASEY, DAVID
STREET ADDRESS	1509 ROYAL PALM DR
CITY-ST-ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Please Delete. Corporation bought out by Teresa + David Casey</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Please Delete. Same as above</i>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 claims not qualify for the exemption stated in Section 199.07(3)(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 appointment shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee 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 on an attachment with an address.

SIGNATURE: *Teresa A. Casey* **TERESA A. CASEY** 2/6/95 (904) 678-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR