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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000043770	(4)
1, Corporation Name	F94000043770	(7)

TERRY WOOD, INC.

## **FILED** Feb 18 1997 8:00am Secretary of State



				<u> </u>	4FIII 8   BAF 1831   BBII 1881   BBI 1884	
Principal Place of Business Mailing Address						
319 GREEN ACTION	RES ROAD I BEACH FL 32547	319 GREEN ACRES ROAD FORT WALTON BEACH FL 32547-1170				
				3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 03/06/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26		59-3252098	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27		C. Comments of citales beamed	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
<u> </u>		28		Trust Fund Contribution	Added to Fees	
Zip T	Country	Zip	Country רי־	8. This corporation has liability for it	ntangible tax under s. 199.032, ] Yes : 🔲 No	
	25		30	Florida Statutes L.  10. Name and Address of New Reg		
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Tres	hatorou rigoni	
	RLER, THOMAS M					
	GREEN ACRES ROAD		B2 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
FOF	RT WALTON BEACH FL 32547		83			
			84 City		85 Zip Code	
				orporation submits this statement for the p	FL   Code	
agent. La SIGNATURE	im familiar with, and accept the oblig	jations of Section 607.0505, Flor	doa Statutes.	ration's board of directors I hereby accep	DAIL	
12.	Signature Typed or printed name of registered at	ent and title if applicable (NOTE  ID DIRECTORS	Registered Agent signature re-	ADDITIONS/CHANGES TO OFFIC		
DILE	PD	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	MARLER, THOMAS M	<b>_</b>	1 2 NAME			
STREET ADDRESS	319 GREEN ACRES ROAD		1 3 STREET ADDRESS			
CITY-ST-7IP	FORT WALTON BEACH FL		14 CITY-ST-ZIP			
THILE	VPD	DELE1E	21 TITLE		Change Additio	
NAME	MARLER, TERRY A	<del>_</del>	2.2 NAME			
STREET ADDRESS	319 GREEN ACRES ROAD		2.3 STREET ADDRESS	· (	At D	
CITY - ST - ZIP	FORT WALTON BEACH FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Additio	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY - S1 - ZIP			3.4 C(1)Y - ST - Z(P			
THLE		DELETE	4.1 TITLE		Change Additio	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP			
TITE		DELETE	5.1 TITLE		Change Additio	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TIRE		DELETE	6 1 TIFLE		Change Additio	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
			6.4 CHTY - ST - ZIP			
CITY - ST - ZIP	<u> </u>			ted in Paction 110 07(9Vi), Florida Statute	a I further portify that the	

14. I do hereby certify that the information supplied with this filling 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

904.8/03-12/12