

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 # P94000089338 (5)

1. Corporation Name

TERZO, INC.



Principal Place of Business

2014 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880

Mailing Address

2014 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3282461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

TERZO, JOSEPH P
2014 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and then applicable:

(NOTE: Registered Agent signature required when reinstating)

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
TERZO, JOSEPH P
STREET ADDRESS
2014 SPIRIT LAKE ROAD
CITY - ST - ZIP
WINTER HAVEN FL 33880

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

22 NAME
23 STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

24 CITY - ST - ZIP

TITLE
NAME

3.1 TITLE
32 NAME

STREET ADDRESS ☐ DELETE

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

42 NAME
43 STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

44 CITY - ST - ZIP

TITLE
NAME

5.1 TITLE
52 NAME

STREET ADDRESS ☐ DELETE

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME
63 STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

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(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 941-324-1771

CR2E034 (12/95)