

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

APPROVED  
AND  
FILED  
97 AUG -1 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102671 (0)

1. Corporation Name  
TERRACOO, INC.



Principal Place of Business

15438 NORTH FLORIDA  
SUITE 206  
TAMPA FL 33613-1223

Mailing Address

15438 NORTH FLORIDA  
SUITE 206  
TAMPA FL 33613-1256

2. Principal Place of Business

21 4524 Oak Fair Blvd

Suite, Apt. #, etc.

22 Ste. 230

City & State

23 Tampa FL

Zip

24 33610

Country

25 Hillsborough

2a. Mailing Address

26 4524 Oak Fair Blvd

Suite, Apt. #, etc.

27 230

City & State

28 Tampa FL

Zip

29 33610

Country

30 Hills

3. Date Incorporated or Qualified

12/18/1996

3a. Date of Last Report

4. FEI Number

59-3421236

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

JOHNSON, LAWRENCE D ESO.  
925 SOUTH DENNING DRIVE  
SUITE 4  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PVST  
STREET ADDRESS SABOW, ROBERT J  
CITY-ST-ZIP 15438 NORTH FLORIDA, SUITE 206  
TAMPA FL 33613-1223

TITLE ☐ DELETE

NAME D  
STREET ADDRESS SABOW, ROBERT J  
CITY-ST-ZIP 15438 NORTH FLORIDA, SUITE 206  
TAMPA FL 33613-1223

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information 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 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:

ROBERT J SABOW 7-7-97

413 823-3448

CR2E034 (9/96)