

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90017 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 243146

1. Corporation Name
TURNERS HARDWARE INC.



Principal Place of Business 5827 ARLINGTON ROAD JACKSONVILLE FL 32211	Mailing Address 5827 ARLINGTON ROAD JACKSONVILLE FL 32211
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1960	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0920806		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> -		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TURNER, SHELBY L. 5827 ARLINGTON ROAD JACKSONVILLE FL 32211				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, SHELBY L.	1.2 NAME	
STREET ADDRESS	1926 OCEANFRONT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	1.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	1VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, STEVEN G.	2.2 NAME	Turner, Steven G.
STREET ADDRESS	6345 FERBER RD.	2.3 STREET ADDRESS	806 Benton Harbor Dr. E.
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	Jax FL 32225
TITLE	2VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MICHAEL D	3.2 NAME	Turner, Michael D.
STREET ADDRESS	1980 CREEKVIEW COURT	3.3 STREET ADDRESS	12518 Mission Hills Circle S.
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	Jax. FL 32225
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MARY L	4.2 NAME	
STREET ADDRESS	1926 OCEANFRONT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	4.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **TURNER, SHELBY L.** Date: **3/17/99** Daytime Phone #: **904-243-4266**

CR2E034 (11/98)