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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

3. Date Incorporated or Qualified
12/23/1960

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0920806

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

25

29

30

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 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
 NAME **P TURNER, SHELBY L.**
 STREET ADDRESS **1926 OCEANFRONT**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32233**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE
 NAME **1VP TURNER, STEVEN G.**
 STREET ADDRESS **6345 FERBER RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP **Turner, Steven G.
 806 Benton Harbor Dr. E.
 Jax, FL 32225**

TITLE
 NAME **2VP TURNER, MICHAEL D**
 STREET ADDRESS **1980 CREEKVIEW COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP **Turner, Michael D.
 12518 Mission Hills Circle S.
 Jax, FL 32225**

TITLE
 NAME **ST TURNER, MARY L**
 STREET ADDRESS **1926 OCEANFRONT DR.**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32233**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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: *X*

SIGNATURE REQUIRED

3/17/99

904-243-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)