

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90069 011 ***150.00

DOCUMENT # 243146
 1. Entity Name
 Turners Hardware Inc.

Principal Place of Business: 5829 arlington Rd, Jacksonville, FL
 Mailing Address: 13164 atlantic Blvd, JAX, FL, 32225

A0050241

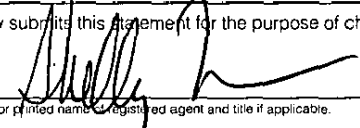
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Zip Country: Country

4. FEI Number: 59-0920806 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TURNER, Shelby L.
 5829 arlington Rd.
 JAX, FL, 32211

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE:  DATE: 3/20/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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


11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Turner, Shelby L.	
STREET ADDRESS	13616 Queens Harbor Blvd. N.	
CITY-ST-ZIP	JAX, FL, 32225	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	TURNER, Steve G.	
STREET ADDRESS	2232 Ocean Forest DR. W.	
CITY-ST-ZIP	ATLANTIC BEACH, FL, 32233	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Turner, Michael D.	
STREET ADDRESS	12518 Mission Hills Circle S.	
CITY-ST-ZIP	JAX, FL, 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Turner, Mary L.	
STREET ADDRESS	13616 Queens Harbor Blvd. N.	
CITY-ST-ZIP	JAX, FL, 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:  DATE: 3/20/01 DAYTIME PHONE #: 904-221-3130

Steve G. Turner

CR2E034 (11/00)