

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **800468** (1)
1. Corporation Name
TURNER CONSTRUCTION COMPANY

Principal Place of Business: **375 HUDSON STREET NEW YORK NY 10014**
Mailing Address: **375 HUDSON STREET NEW YORK NY 10014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3b. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/11/1913	01/25/1994
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	13-1401980	
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code
	FL

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	C MCNEILL, ALFRED T.	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	375 HUDSON ST	13.2 NAME	
12.3 CITY, ST, ZIP	NEW YORK, NY.	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 NAME	P PARMELEE, H.J.	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	375 HUDSON ST	13.6 NAME	
12.7 CITY, ST, ZIP	NEW YORK, NY.	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 NAME	VP DONALD KERSTETTER	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS	10 PENN CENTER	13.10 NAME	
12.11 CITY, ST, ZIP	PHILADELPHIA PA	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME	VC BREU, ANTHONY C.	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS	16 HEATHER HILL LANE	13.14 NAME	
12.15 CITY, ST, ZIP	SUFFERN, NY.	13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 NAME	VS BECK, RALPH	13.17 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS	375 HUDSON ST., C/O THE TURNER CORP.	13.18 NAME	Sara J. Gozo
12.19 CITY, ST, ZIP	NEW YORK NY	13.19 STREET ADDRESS	375 Hudson St.
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	New York, NY 10014
12.21 NAME	T SLEEMAN, DONALD G	13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS	C/O THE TURNER CORP. 375 HUDSON ST.	13.22 NAME	
12.23 CITY, ST, ZIP	NEW YORK NY	13.23 STREET ADDRESS	
12.24 CITY, ST, ZIP		13.24 CITY, ST, ZIP	

14. I, the undersigned, 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)(b), 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 as an attachment with an address.

SIGNATURE:  **Anthony C. Breu** 4/24/95 (212) 229-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # **807448 (6)**
1. Corporation Name
PENNSYLVANIA MILLERS MUTUAL INSURANCE COMPANY

Principal Place of Business: **P.O. BOX P WILKES BARRE PA 18773-0016**
Mailing Address: **P.O. BOX P WILKES BARRE PA 18773-0016**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **10/08/1947**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business:	2a. Mailing Address:	4. FEI Number:	Applied For:
21. Suffix, Apt. #, etc.	26. Suffix, Apt. #, etc.	24-0686200	<input type="checkbox"/> Not Applicable
22. City & State:	27. City & State:	5. Certificate of Status Desired:	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip:	29. Zip:	6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. City:	30. City:	8. This corporation has liability for intangible tax under s. 189 U.S. Florida Statutes:	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32304		81. Name:	
		82. Street Address (P.O. Box Number is Not Acceptable):	
		83. City:	
		84. City:	FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0100 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE: PD	NAME: BURKE, JACK L	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3 DEAR MEADOW DR	CITY, ST, ZIP: DALLAS PA	2. NAME:	
TITLE: TV	NAME: KEHOE, M J	3. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 246 DEER RUN RD	CITY, ST, ZIP: CLARKS SUMMIT PA	4. CITY, ST, ZIP:	
TITLE: VPDS	NAME: DONNELLY, THOMAS C.	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 106 WHITE BIRCH LANE	CITY, ST, ZIP: DALLAS PA	6. NAME:	
TITLE: V	NAME: KNOUSE, RONALD I.	7. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: RD. #1	CITY, ST, ZIP: STILLWATER PA	8. CITY, ST, ZIP:	
TITLE: V	NAME: O'BRIEN, JOSEPH E.	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 712 MEADE ST.	CITY, ST, ZIP: NANTICOKE, PA 00000	10. NAME:	
TITLE:	NAME:	11. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	12. 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)(b), 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. 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 1, or Block 13 if checked, or on an Attachment with an address.

SIGNATURE: M.J. KEHOE 4/5/95 (717) 822-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE REGISTERED AGENT