

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:15

DOCUMENT # **G32635** (6)  
1. Corporation Name  
**TURTLE SOUTHEAST, INC.**

Principal Place of Business Mailing Address  
**12570 66TH ST N  
LARGO FL 34643  
US** **POST OFFICE BOX 196  
PINELLAS PARK FL 34664  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/11/1983	01/25/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2272177	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input checked="" 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	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DAVID G. ANDO  
12570 66TH STREET, NORTH  
LARGO FL 34643**

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, VIRGINIA T.	1.2 NAME	Morgan, Virginia T.
STREET ADDRESS	115 ALMEDO WAY, NE	1.3 STREET ADDRESS	115 ALMEDO WAY, NE
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Pete, FL 33707
TITLE	CD	2.1 TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, CARMEN S.	2.2 NAME	ANDO CARMEN S.
STREET ADDRESS	3697 42ND WAY S. APT 60A	2.3 STREET ADDRESS	3697 42ND WAY S APT 60A
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Pete FL 33711
TITLE	PD	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, DAVID	3.2 NAME	ANDO, DAVID G.
STREET ADDRESS	6412 93RD TERRACE N 4803	3.3 STREET ADDRESS	6892 122nd Av N
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, JUDITH M	4.2 NAME	REMOVED
STREET ADDRESS	3697 42ND WAY S. APT 60A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	VPO	5.1 TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, THOMAS G.	5.2 NAME	ANDO Thomas G.
STREET ADDRESS	3715 42ND WAY S. APT 61J	5.3 STREET ADDRESS	4712 41st St. So
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Pete FL 33711
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 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)(k), 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: David G. Ando **DAVID G. ANDO** 1-13-95 **013-531-4417**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Month & Year)