

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G32635 (6)**

1. Corporation Name  
**TURTLE SOUTHEAST, INC.**



Principal Place of Business

12570 66TH ST N  
LARGO FL 34643  
US

Mailing Address

POST OFFICE BOX 198  
PINELLAS PARK FL 34664  
US

3. Date Incorporated or Qualified <b>04/11/1983</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>59-2272177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**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. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_  
Signature of Registered Agent (Professional Fee \$100.00) (Applicable)      DATE Registered Agent's signature becomes effective for filing      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, VIRGINIA T.	1.2 NAME	S
STREET ADDRESS	115 ALMEDO WAY, NE	1.3 STREET ADDRESS	Morgan, Virginia T.
CITY, ST, ZIP	ST PETERSBURG FL	1.4 CITY, ST, ZIP	1860 - 62nd Ave So
TITLE	CD	2.1 TITLE	St. Petersburg, Fl 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, CARMEN S.	2.2 NAME	
STREET ADDRESS	3697 42ND WAY S. APT 60A	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, DAVID	3.2 NAME	
STREET ADDRESS	6892 122ND AV N	3.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO FL	3.4 CITY, ST, ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDO, THOMAS G	4.2 NAME	
STREET ADDRESS	4712 41ST STREET S	4.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETE FL	4.4 CITY, ST, ZIP	
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 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 1/19/96 813-531-4417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

CR2E034 (12/95)