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Jan 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33780-0198, US

3. Date Incorporated or Qualified: 04/11/1983  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-2272177  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

8. 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  
85 Zip Code: FL 33773-3439

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	S	<input type="checkbox"/>
NAME	MORGAN, VIRGINIA T.	
STREET ADDRESS	1860 62ND AVENUE SOUTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	CD	<input type="checkbox"/>
NAME	ANDO, CARMEN S.	
STREET ADDRESS	3897 42ND WAY S. APT 60A	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/>
NAME	ANDO, DAVID	
STREET ADDRESS	8892 122ND AV N	
CITY - ST - ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/>
NAME	ANDO, THOMAS G	
STREET ADDRESS	4712 41ST STREET S	
CITY - ST - ZIP	ST PETE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 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 1/14/97 813-531-4417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)