

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 MAR 22 PM 4: 04

DOCUMENT # **K68405** (5)

1. Corporation Name
TURNER FOODS CORPORATION

Principal Place of Business	Mailing Address
25450 AIRPORT RD. ATTN: H ROBERT COLEMAN PUNTA GORDA FL 33950	25450 AIRPORT RD. ATTN: H ROBERT COLEMAN PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1989	3a. Date of Last Report 04/11/1994
4. FEI Number 65-0019752	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LEON, J E
9250 W FLAGLER ST
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	D
NAME	EVANSON, PAUL J
STREET ADDRESS	700 UNIVERSE BLVD
CITY - ST - ZIP	JUNO BEACH FL
TITLE	DVTS
NAME	COLEMAN, H ROBERT
STREET ADDRESS	25450 AIRPORT ROAD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	D
NAME	YACKIRA, MICHAEL W
STREET ADDRESS	700 UNIVERSE BLVD
CITY - ST - ZIP	JUNO BEACH FL
TITLE	D
NAME	BROADHEAD, JAMES L
STREET ADDRESS	700 UNIVERSE BLVD
CITY - ST - ZIP	JUNO BCH FL
TITLE	DP
NAME	NORRIS, JOHN C
STREET ADDRESS	25450 AIRPORT RD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	S
NAME	COYLE, DENNIS P
STREET ADDRESS	700 UNIVERSE BLVD
CITY - ST - ZIP	JUNO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information included in 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, director, or shareholder 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 13 as an attachment with an address.

SIGNATURE: H. ROBERT COLEMAN JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95 (813) 639-2410
Date (Typed Please)