


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K68405 (5)
 1. Corporation Name
TURNER FOODS CORPORATION



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/24/1989	4. FEI Number 65-0019752 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 LAWRENCE J. KELLEHER	<input type="checkbox"/> DELETE
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL	
TITLE DVTS	NAME COLEMAN, H ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 25450 AIRPORT ROAD	CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	NAME YACKIRA, MICHAEL W	<input type="checkbox"/> DELETE
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BEACH FL	
TITLE D	NAME BROADHEAD, JAMES L	<input type="checkbox"/> DELETE
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL	
TITLE DP	NAME NORRIS, JOHN C	<input type="checkbox"/> DELETE
STREET ADDRESS 25450 AIRPORT RD	CITY-ST-ZIP PUNTA GORDA FL	
TITLE S	NAME COYLE, DENNIS P	<input type="checkbox"/> DELETE
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 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: *John L. Morris* APR. 10, 1998 941-639-2410

CR2E034 (10/97)