SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DOCUMENT # **P93000029616 (8)**

1. Corporation Name

TURNING POINT DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6301 MEMORIAL HWY. STE 204 TAMPA FL 33615 US	6301 MEMORIAL HWY. STE 204 TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/22/1993**
3a. Date of Last Report: **04/27/1994**

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

4. FEI Number: **59-3178383** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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 of current registered agent if he/she is changing) (Date) (Registered agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 13
TITLE: D NAME: RATCLIFF, MICHAEL STREET ADDRESS: 6301 MEMORIAL HWY., STE. 203 CITY ST ZIP: TAMPA FL 33615	11 TITLE: Vice President 12 NAME: John K. Slater 13 STREET ADDRESS: 15202 Barby Ave. 14 CITY ST ZIP: Tampa, Fl. 33625 ☐ Change ☑ Addition
TITLE: VICE PRESIDENT NAME: John K. Slater STREET ADDRESS: 15202 Barby Ave. CITY ST ZIP: Tampa, FL. 33625	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 (changed), or on an attachment with an address.

SIGNATURE: John K Slater, Vice-president 6-28-95 813-882-3208
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

01000000 CP