

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 29 PM 5: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049739 (4)**

1. Corporation Name

TURNKEY CONSULTANTS/NEEDLE TRADES CO.

Principal Place of Business

Mailing Address

1312 Hibiscus Street
ST. AUGUSTINE FL 32095

303 GENOA RD
ST. AUGUSTINE FL 32095
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1993

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 **903 Genoa Rd.**

26 **303 Genoa Rd.**

4. FEI Number
59-3197236

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 **St. Augustine, FL**

28 **St. Augustine**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **32095**

25 **USA**

29 **FL 32095**

30 **U.S.A**

8. This corporation has equality for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DI MUZIO, SAMUEL
303 GENOA WAY
ST. AUGUSTINE FL 32095**

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

Samuel P. Di Muzio

NOTE: Registered Agent signature issued upon filing.

4/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
KIMUZIO, SAMUEL P.
303 GENOA RD
ST. AUGUSTINE FL

VP
STRUP, ALLEN
1312 HIBISCUS ST
ST. AUGUSTINE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

Vice President Change Addition
PATRICIA B. DI MUZIO

Rose Di Muzio Change Addition
Vice President

Secretary Change Addition
Jeanne Di Muzio

Vice President Change Addition
Louis Di Muzio

Vera Di Muzio Change Addition
Vice President

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:

Samuel P. Di Muzio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

904 846 1816