

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

**FILED**  
**May 27 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 # P96000103272 (6)**  
 1. Corporation Name  
**TURNEY INVESTMENT COMPANY, INC.**



Principal Place of Business: **2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957**  
 Mailing Address: **2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip Country

3. Date incorporated or Qualified: **12/17/1996**

4. FEI Number: **65-0717223**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**TURNEY, RICHARD R**  
**2915 W GULF DR NO A-302**  
**SANIBEL ISLAND FL 33957**

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

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>TURNEY, RICHARD R</b>                 |
| STREET ADDRESS | <b>2915 W GULF DR NO A-302</b>           |
| CITY-ST-ZIP    | <b>SANIBEL ISLAND FL 33957</b>           |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>TURNEY, JOHN R</b>                    |
| STREET ADDRESS | <b>854 BOAL PKWY</b>                     |
| CITY-ST-ZIP    | <b>WINNETKA IL 60093</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>DIGEL, DEBORAH T</b>                  |
| STREET ADDRESS | <b>704 E MAIN ST</b>                     |
| CITY-ST-ZIP    | <b>BRADFORD PA 16701</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>HEUSSLER, BARBARA T</b>               |
| STREET ADDRESS | <b>1636 RIDOUT RD</b>                    |
| CITY-ST-ZIP    | <b>ANNAPOLIS MD 21401</b>                |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>BEECHER, JACQUELYN T</b>              |
| STREET ADDRESS | <b>60 TANGLEWOOD DR</b>                  |
| CITY-ST-ZIP    | <b>ORCHARD PARK NY 14127</b>             |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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    |   |

**700002539457**  
**-05/28/98--01085--005**  
**\*\*\*150.00**

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 \_\_\_\_\_ **April 28, 1998**

CR2E084 (10/97)