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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103272

## **FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90070 041 \*\*\*150.00

TURNEY	INVESTMENT COMPANY, II	NC.					
Principal Place	e of Business	Mailing Address		<del></del>		#191 (1811 ##16# title 14#	)( (\$318 116) 186)
2915 W GULF DR NO A-302 2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/17/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number	1	Applied For
1		26			65-0717223	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	¥ +	Additional Required
City & State City & State					6. Election Campaign Financing	\$5.00	0 May Be
23		28			Trust Fund Contribution	1	d to Fees
Zip	Country	Zip	ZipCountry		8. This corporation owes the current	year Intangible	
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
THO	NEV DICHARD D	•	8	1 Name			
TURNEY, RICHARD R			8	2 Street Add	iress (P.O. Box Number is Not Acceptable	<u>)</u>	
	5 W GULF DR NO A-302					<del></del>	
SAN	IBEL ISLAND FL 33957		8	3	•	•	ſ
			8	4 City		FL 85 Zir	Code
SIGNATURE	Signature, typed or printed name of registered agent		Registered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	D	. □ DELETE				Change	e 🔲 Addition
NAME	TURNEY, RICHARD R	- 1.2 N		<b>■</b>			
STREET ADDRESS			1.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			1.4 CITY				
TITLE	D	☐ DELETE 2.1 ĭ				☐ Chang	e 🗌 Addition
NAME	0.01.12.1, 0.01.11.11		2.2 NAMI				1
STREET ADDRESS	1			ET ADDRESS			
CITY-ST-ZIP	WINNETKA IL 60093	☐ DELETE	2.4 CITY		<u> </u>	Change	e
TITLE			3.1 TITLE			Change	, DAGGION
NAME	DIGEL, DEBORAH T		3.2 NAMI		en e		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	BRADFORD PA 16701	☐ DELETE	3.4. CITY 4.1 TITLE			Change	e
TITLE	HEUSSLER, BARBARA T		4.2 NAM	J			
NAME				ET ADDRESS			
STREET ADDRESS	ANNAPOLIS MD 21401		4.3 STRE	1			\
CITY-ST-ZIP TITLE			5.1 TITLE			☐ Change	e
NAME	BEECHER, JACQUELYN T	<u> </u>	5.2 NAM	<b>I</b>		•	Į.
STREET ADDRESS	** THIS EVEN DE			ET ADDRESS			j
CITY-ST-ZIP	ORCHARD PARK NY 14127		5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		☐ Chang	e Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	EET ADDRESS			İ
			GA CITY	01 70			

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 suppliemental 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 with all other like empowered.

SIGNATURE: