

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S22462** (3)

1. Corporation Name  
**TURTLE INDUSTRIES, INC.**



Principal Place of Business: **12570 66TH STREET N LARGO FL 34643 US**  
Mailing Address: **P.O. BOX 198 PINELLAS PARK FL 34664-0198**

3. Date Incorporated or Qualified: **01/03/1991**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **04-2591023**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**ANDO, CARMEN S.  
12570 66TH STREET, NORTH  
UNIT 1  
LARGO FL 34643**

**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 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	ANDO, CARMEN	
11.3 STREET ADDRESS	3697-42ND WAY SO #60A	
11.4 CITY - ST - ZIP	ST. PETERSBURG FL	
11.5 TITLE	S	<input type="checkbox"/> DELETE
11.6 NAME	ANDO, DAVID G.	
11.7 STREET ADDRESS	<del>6412 93RD TER NO #4009</del>	
11.8 CITY - ST - ZIP	PINELLAS PARK FL	
11.9 TITLE	T	<input type="checkbox"/> DELETE
11.10 NAME	ANDO, THOMAS G.	
11.11 STREET ADDRESS	<del>3715 42ND WAY SO #611</del>	
11.12 CITY - ST - ZIP	ST. PETERSBURG FL	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

13.1 TITLE  Change  Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE  Change  Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE  Change  Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE  Change  Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE  Change  Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

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: *Carmen S. Ando*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

CR2E034 (12/95)