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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Mattram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25990** (0)
1. Corporation Name
TURNER HARDWARE BEACHES, INC.

Principal Place of Business Mailing Address
4020 SOUTH 3RD STREET JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/17/1991	04/04/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number	Applied For
22		27		59-0920806	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DR. JACKSONVILLE FL 32202				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DR. JACKSONVILLE FL 32202				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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, SHELBY L.	1.2 NAME	TURNER MARK
STREET ADDRESS	5827 ARLINGTON RD.	1.3 STREET ADDRESS	4020 S 3RD ST
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, STEVEN G.	2.2 NAME	
STREET ADDRESS	5827 ARLINGTON RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MARY L.	3.2 NAME	
STREET ADDRESS	5827 ARLINGTON RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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 in an attachment with an address.

SIGNATURE: *Mark Turner* **MARCH** 904-247-5558
Signature, typed or printed name of signing officer or director Date Telephone