

NOW: FILING FEE AFTER MAY 1ST IS \$650.00

FILED
Jun 18 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 # **S 25990**
 1. Corporation Name
TURNER HARDWARE BEACHES, INC.
~~TURNER ACE HARDWARE~~

Principal Place of Business Mailing Address
784 MARSH LANDING PKWY
JACKSONVILLE BEACH, FL
32250

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business "SAME"	26. Mailing Address "SAME"	4. FEI Number 59-3344351	Applied For Not Applicable
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country USA	30. Country USA		

9. Name and Address of Current Registered Agent
BISHOP & DRAPER (CPA)
3100 UNIVERSITY BLVD, S.
SUITE 230,
JACKSONVILLE FL 32216

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SHILBY TURNER	
STREET ADDRESS	1926 OCEAN FRONT	
CITY-ST-ZIP	NEPTUNE BCH, FL 32266	
TITLE	SEC - TREASURER	<input type="checkbox"/> DELETE
NAME	MARY TURNER	
STREET ADDRESS	1926 OCEAN FRONT	
CITY-ST-ZIP	NEPTUNE BCH, FL 32266	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	J. MARK TURNER	
STREET ADDRESS	HUNT CLUB RD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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*****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; that the receiver of this fee is duly 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: *[Signature]* **MARK TURNER 04/22/98 (904) 273-1998**

CR2E034 (10/97)