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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V 1. Corporation Name DEAN K. TURMAN, P.A.

(1)

**FILED** Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4313 NEPTIME ROAD P.O. BOX 701865 ST. CLOUD FL 34769 ST. CLOUD FL 34770-1865 US	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified 04/09/1992
2. Principal Place of Business 21 12078 Kerby Such Ld 28 Mailing Address 28	4. FEI Number Applied For 59-3114816 Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Stalus Desired \$8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Urlando, FC 28  Zip _ Country Zip Cour	Trust Fund Contribution Added to Fees
24 33832 25 Orange 29 30 V.	Personal Property Tax due June 30. 🔏 Yes 🗌 No
9. Name and Address of Gurrent Registered Agent  10. Name and Address of New Registered Agent  HALL, MICHAEL G JR.  81 Name	
12800 KIDRY SMITH POAD	
ORLANDO FL 32832  82 Street Address (P.O. Box Number is Not Acceptable)	
[1	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 100-6, 12 Decr 6, Turner, CEO	
Signature, tyred-or printed hame of registered agent and fille if applicable (NOTI: Registered	Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.  TITLE CPD DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LE Change Addition
NAME TURMAN, DEAN K 12 NAM	
10500 KIDDY CHITH DD	NEC ADDRESS
OPI ANDO EI	Y-SI-ZIP
TITLE DELETE 2.1 TITLE	
NAME 22 NAM	
i e e e e e e e e e e e e e e e e e e e	HEET ADDRESS
	Y-SI-ZIP
TITLE DELETE 3.1 TITL	<del></del>
NAME 3.2 NAM	ME
STREET ADDRESS 3.3 STR	EET ADDRESS
CITY-ST-ZIP 3.4. CII'	Y-ST-ZIP
TITLE DELETE 4.1 TITL	E Change Addition
NAME 4.2 NAM	ME
STREET ADDRESS 4.3 STR	EET ADDRESS
	Y-SI-ZIP
TITLE DELETÉ 5.1 TITL	E Change Addition
NAME 5.2 NAM	AE .
STREET ADDRESS 5.3 STRI	EET AODRESS
	Y-S1-ZIP
TITLE DELETE 6.1 TITLE	E Change Addition
NAME 6.2 NAM	AE
STREET ADDRESS 6.3 STRE	EET ADDRESS
CITY-ST-ZIP 6.4 CITY	V-ST-ZIP

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, don an attachment with an address.

(Vo7) 271-0792