

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H10087

**Entity Name:** TURNER TRANSMISSION SERVICE,INC.

**Current Principal Place of Business:**

531 NW 10TH ST.  
OCALA, FL 34475

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC6479246594**

**Current Mailing Address:**

531 NW 10TH ST.  
OCALA, FL 34475 US

**FEI Number: 59-2577029**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KINSEY-LUSHER, LOUISE J  
531 NW 10TH STREET  
OCALA, FL 34475 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TURNER, EDITH A  
Address 3605 NW 17TH AVE  
City-State-Zip: Ocala FL 34475

Title V,D  
Name KINSEY, RAY B III  
Address 531 NW 10TH ST.  
City-State-Zip: Ocala FL 34475

Title D  
Name TURNER, EDITH A  
Address 3605 NW 17TH AVE  
City-State-Zip: Ocala FL 34475

Title S,D  
Name KINSEY-LUSHER, LOUISE J  
Address 4751 NE 23RD AVE  
City-State-Zip: Ocala FL 34479

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LOUISE J KINSEY-LUSHER**

**SEC**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date