# 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 LUSHER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# H10087

Entity Name: TURNER TRANSMISSION SERVICE, INC.

#### **Current Principal Place of Business:**

531 NW 10TH ST. OCALA, FL 34475

#### **Current Mailing Address:**

531 NW 10TH ST. OCALA, FL 34475 US

### FEI Number: 59-2577029

## Name and Address of Current Registered Agent:

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	: LOUISE J. LUSHER			02/16/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR	
Name	KINSEY, RAY B III	Nama		
Address	531 NW 10TH ST.	Name	LUSHER, LOUISE J	
City-State-Zip:	OCALA FL 34475	Address	4751 NE 23RD AVE	
		City-State-Zip:	OCALA FL 34479	

FILED Feb 16, 2017

Secretary of State

CC4448761679

Certificate of Status Desired: No

02/16/2017 Date

SEC./ TREAS./DIRECTOR