

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000083817

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC4868537182**

**Entity Name:** TURNER ACE ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

13164 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13164 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225 US

**FEI Number:** 47-2046375

**Certificate of Status Desired:** No

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

ELEFANT, FRED  
1650 PRUDENTIAL DRIVE  
SUITE 105  
JACKSONVILLE, FL 32207 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            DP  
Name            TURNER, MICHAEL D  
Address        13164 ATLANTIC BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32225

Title            S  
Name            TURNER, DOROTHY B  
Address        13164 ATLANTIC BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32225

Title            VP  
Name            TURNER, JASON M  
Address        13164 ATLANTIC BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32225

Title            VP  
Name            TURNER, KYLE J  
Address        13164 ATLANTIC BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32225

*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: MICHAEL D. TURNER**

**PRESIDENT**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date