FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:46

DOCUMENT # **230429** **(3)**

1. Corporation Name
TURNER NEON, INC.

Principal Place of Business	Mailing Address
345 COMMERCIAL STREET CASSELBERRY FL 32707	345 COMMERCIAL STREET CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1959
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 952548
Suite, Apt. #, etc. — 22: 950 VIHLEN RD
Suite, Apt. #, etc. — 27:
City & State — 23: SANFORD, FL.
City & State — 28: LAKE MARY, FL.
Zip — 24: 32771
Country — 25: SEMINOLE
Zip — 29: 32795-2548
Country — 30: SEMINOLE

4. FEI Number: 59-0884194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TURNER, EDWARD V., JR.
345 COMMERCIAL ST.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: TURNER, EDWARD V., JR
82 Street Address (P.O. Box Number is Not Acceptable): 950 VIHLEN RD
83:
84 City: SANFORD FL 85 Zip Code: 32771

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: ADDRESS CHANGE ONLY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TURNER, EDWARD V., JR.	1.2 NAME	TURNER, EDWARD V., JR	OF ADDRESS
STREET ADDRESS	345 COMMERCIAL ST.	1.3 STREET ADDRESS	950 VIHLEN RD	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	TURNER, NANCY S.	2.2 NAME	TURNER, NANCY S.	OF ADDRESS
STREET ADDRESS	345 COMMERCIAL ST.	2.3 STREET ADDRESS	950 VIHLEN RD	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	WILKES, SANDRA TURNER	3.2 NAME	WILKES, SANDRA TURNER	OF ADDRESS
STREET ADDRESS	345 COMMERCIAL ST.	3.3 STREET ADDRESS	940 VIHLEN RD	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: Nancy S. Turner 2-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR700 CP