

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90017 019 \*\*\*150.00

DOCUMENT # 243146

1. Corporation Name  
TURNERS HARDWARE INC.

Principal Place of Business  
5827 ARLINGTON ROAD  
JACKSONVILLE FL 32211

Mailing Address  
5827 ARLINGTON ROAD  
JACKSONVILLE FL 32211



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/23/1960

4. FEI Number  
59-0920806

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TURNER, SHELBY L.  
5827 ARLINGTON ROAD  
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TURNER, SHELBY L.  
1926 OCEANFRONT  
NEPTUNE BEACH FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VP  
TURNER, STEVEN G.  
6345 FERBER RD.  
JACKSONVILLE FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
TURNER, MICHAEL D  
1980 CREEKVIEW COURT  
JACKSONVILLE FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
TURNER, MARY L  
1926 OCEANFRONT DR.  
NEPTUNE BEACH FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Neptune Beach, FL 32266

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
1VP  
Turner, Steven G.  
806 Benton Harbor Dr. E.  
Jax FL 32225

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
2VP  
Turner, Michael D.  
12518 Mission Hills Circle S.  
Jax. FL 32225

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
neptune Beach, FL 32266

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

904-243-4266

Daytime Phone #

CR2E034 (11/98)