

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

FILED

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548381

(3)

1. Corporation Name

TURNER GROVES, INC.

Principal Place of Business

1740 S E 3RD AVE
P O BOX 396
OCALA FL 32678

Mailing Address

1740 S E 3RD AVE
P O BOX 396
OCALA FL 34478-03963. Date Incorporated or Qualified
10/01/19773a. Date of Last Report
04/19/19964. FEI Number
59-1772085Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 1740 SE 3rd ave

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 P.O. Box 396

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip

29 34478

Country

30 USA

9. Name and Address of Current Registered Agent

TURNER, F.B.
1740 S.E. 3RD AVENUE
OCALA FL

10. Name and Address of New Registered Agent

81 Name
WALLACE, JULIA F
82 Street Address (P.O. Box Number is Not Acceptable)
13464 SE 108 CT RD
83
84 City
OKLAWAHA FL 85 Zip Code
32183

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

Julia Fae Wallace JULIA FAE WALLACE 1-2-97

Signature of director or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETENAME TURNER, F B
STREET ADDRESS 1740 S E 3RD AVE
CITY - ST - ZIP Ocala, FL 00000TITLE D ☒ DELETENAME TURNER, FAE B
STREET ADDRESS 1740 S E 3RD AVE
CITY - ST - ZIP Ocala, FL 00000TITLE ST ☐ DELETENAME WALLACE, JULIA F
STREET ADDRESS 13464 SE 108 CT RD
CITY - ST - ZIP OKLAWAHA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition1.2 NAME WALLACE, JULIA F.
1.3 STREET ADDRESS 13464 SE 108 CT RD
1.4 CITY - ST - ZIP OKLAWAHA, FL 321832.1 TITLE S ☐ Change ☒ Addition2.2 NAME HENDERSON, SHERYL M LONG
2.3 STREET ADDRESS 1515 SE 42 AVE
2.4 CITY - ST - ZIP Ocala, FL 344713.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Julia Fae Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-97

Day: me H: one #

0438771

CR2E034 (9/96)