

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 568995

(5)

1. Corporation Name

LAW OFFICES OF TURNER & GRISCTI, PA



Principal Place of Business

Mailing Address

204 W UNIV AVE SUITE 6
P O BOX 508
GAINESVILLE FL 32602

204 W UNIV AVE SUITE 6
P O BOX 508
GAINESVILLE FL 32602

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, LARRY G.
204 W. UNIVERSITY AVE.
SUITE 6
GAINESVILLE FL 32601

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 607.1506, 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 607.0504, Florida Statutes.

SIGNATURE

(Sign in bold ink, print name and title below the signature)

(Print Name, Address and Telephone Number)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PO
TURNER, LARRY G.
204 W. UNIVERSITY AVE.
GAINESVILLE FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
Change Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 Book 12 or Book 187 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 904/375-4460

CR2E034 (12/95)