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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 617558

(2)

TURNER MARINE CONSTRUCTION, INC.

Principal Place of Business Mailing Address									
•	BLOSSOM DRIVE	8787 ORANGE BLOSSOM	8787 ORANGE BLOSSOM DRIVE SEMINOLE FL 33772-3440			**************************************			
						3. Date Incorporated or Qualified 04/16/1979		te of Last R 5/1996	leport
2. Principal F	Place of Business	2a. Mailing Address	 1			4. FEI Number Applied For 59-1893232 Not Applicable			
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.							Additional
22 City 9 Cto	ha.	27				5. Certificate of Status Desired	<u></u>	Fee Re	equired
City & Sta	ie	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
Zip	Country	Zip	Cou	intry		This corporation has liability for in			***************************************
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes				
* 41 11		current Registered Agent		B1	Name	10. Name and Address of New Reg	ilstered A	gent	
	.CH, MICHAEL A. 7 ORANGE BLOSSOM DRIVE	<u>-</u>							
	INOLE FL 34642	••		82	Street Addre	1 Address (P.O. Box Number is Not Acceptable)			
				83	······································				
				84	City			85 Zip (Code
11 Purcuant	to the provisions of Sections 60	7.0502 and 607.1509. Florida Stat	utoo tho of	DO16	namad sarna	oration submits this statement for the pr	FL	<u> </u>	
SIGNATURE	Signature, typed or printed name of registe	end agent and title if applicable (N			the corporation.	on's board of directors. I hereby accep	t the appo	intment as	registered
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PST MULCH, MICHAEL A.	☐ DELETE	1.1 1)1				ı	Change	Addition
NAME STREET ADORESS	8787 ORANGE BLOSSOM	DR.	1.2 NA		ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		1.4 CF			4.54			
TITLE		DELETE	2.1 1(1		1-211	THE IT IS NOT THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL		Change	Addition
NAME			2.2 NA	ME					
STREET ADORESS			2.3 ST	REET.	ADDRESS .	t t		,	
CITY-ST-ZIP		00.00	2.40		T-ZIP	4.4	9.5	· · ·	
TITLE		☐ DELETE	3.1 111			•	i	L. Change	L Addition
NAME STREET ADDRESS			3.2 NA		ADORESS			•	
CITY-ST-ZIP			3.4. CI			•			
THLE		DELETE	4.1 111					Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY - ST - ZIP		P DELETE	4.4 CI		r-ZIP	······································			
THE		DELETE	5.1 111				ŧ	Change	Addition
STREET ADDRESS			5.2 NA		ADDDECC				
CITY-ST-ZIP			5.3 ST		ADDRESS				
TITLE		DELETE	6.1 TIT		- +#			Change	Addition
NAME			6.2 NA				_	•	****
STREET ADDRESS			6.3 ST	REET	address				
C.TH CT 700	1		0.400						

MICHERY W. MULCH

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 fine register 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 shallond, orion an auditional statutes.

FILED

Secretary of State

Feb 21 1997 8:00am