SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT 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 JUL -3 AM 8:33

DOCUMENT # **622123** **(8)**

1. Corporation Name
ROBERT A TURSO, INC.

Principal Place of Business	Mailing Address
~~3285-B LAKE WORTH RD.~~ ~~LAKE WORTH FL 33461~~	~~3285-B LAKE WORTH RD.~~ ~~LAKE WORTH FL 33461~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1979
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1905673 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6551 VENETIAN DR.	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKE WORTH FL.	28 City & State
24 Zip: 33462 25 Country: U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~TURSO, ROBERT A.~~
~~3285-B LAKE WORTH RD.~~
~~LAKE WORTH FL 33461~~

10. Name and Address of New Registered Agent

81 Name: LENORA A. TURSO
82 Street Address (P.O. Box Number is Not Acceptable): 6551 VENETIAN DRIVE
83
84 City: LAKE WORTH FL 85 Zip Code: 33462

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: LENORA A. TURSO, DIRECTOR — Lenora A Turso — 6/26/95
(Signature, printed name, registered agent and title, if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TURSO, ROBERT A.	1.2 NAME	TURSO, LENORA A.	
STREET ADDRESS	3285 B. LAKE WORTH RD.	1.3 STREET ADDRESS	6551 VENETIAN DRIVE	
CITY ST ZIP	LAKE WORTH FL	1.4 CITY ST ZIP	LAKE WORTH, FL 33462	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY ST ZIP		2.4 CITY ST ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
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		

CR2E034 (3/95)

14. I/We 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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Lenora A Turso — 6/26/95 — (407) 965-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LENORA A. TURSO

0096166 CP