

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **805782** (0)
1. Corporation Name
TURNER SUPPLY COMPANY

Principal Place of Business 250 NORTH ROYAL STREET MOBILE AL 36602	Mailing Address 250 NORTH ROYAL STREET MOBILE AL 36602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1944	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0213410		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent JIM COBB 2410 W NINE MILE ROAD CANTONMENT FL 32534		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAMM JR, HOWARD M	1.2 NAME	
STREET ADDRESS	17249 SCENIC HWY 98	1.3 STREET ADDRESS	
CITY-ST-ZIP	POINT CLEAR AL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, THOMAS D	2.2 NAME	
STREET ADDRESS	7401 SUMMER CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, N Q	3.2 NAME	
STREET ADDRESS	88 CLARISSE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGAN, BRUCE M.	4.2 NAME	
STREET ADDRESS	1500 LONGWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE-SPUNNER, C S	5.2 NAME	
STREET ADDRESS	114 LANIER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 00000	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEULER, LLOYD J	6.2 NAME	
STREET ADDRESS	RT 1 BOX 123-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOXLEY, AL 00000	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.

SIGNATURE _____ DATE **11/17/98**

CR2E034 (10/97)