

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

3-22-95-B-2489-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:54

DOCUMENT # F23763 (8)

1. Corporation Name
TURNER CORPORATION

Principal Place of Business	Mailing Address
% H. R. COLEMAN 25450 AIRPORT ROAD PUNTA GORDA FL 33950	% H. R. COLEMAN 25450 AIRPORT ROAD PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1981
3a. Date of Last Report 04/11/1994

4. FEI Number 59-2197528
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
LEON, J E
% FPL COMPANY
9250 WEST FLAGLER STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent
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 607.1508, 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	
TITLE	DP
NAME	NORRIS, J. C.
STREET ADDRESS	25450 AIRPORT ROAD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	MERRITT, JOHN C
STREET ADDRESS	25450 AIRPORT RD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	DVAS
NAME	COLEMAN, H. R.
STREET ADDRESS	25450 AIRPORT RD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VTS
NAME	CHOMA, RICHARD
STREET ADDRESS	25450 AIRPORT RD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	V
NAME	TOWNSEND, CHARLES
STREET ADDRESS	25450 AIRPORT RD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	AS
NAME	COYLE, DENNIS P
STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	JUNO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H Robert Coleman*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON THIS FORM
H ROBERT COLEMAN VP

3-14-95 (813) 639-2410
Date: _____