

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F23763** (8)  
1. Corporation Name  
**TURNER CORPORATION**



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

2. Principal Place of Business: 21 State Apt #, etc: 22 City & State: 23 Zip: 24 County: 25  
2a. Mailing Address: 26 State Apt #, etc: 27 City & State: 28 Zip: 29 County: 30

3. Date Incorporated or Qualified: **03/12/1981**  
3a. Date of Last Report: **03/22/1995**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **LEON, J E, % FPL COMPANY, 9250 WEST FLAGLER STREET, MIAMI FL 33174**  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.07(1) and 607.15(4), 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 607.09(5), Florida Statutes.

SIGNATURE OF OFFICERS AND DIRECTORS: SIGNATURE OF REGISTERED AGENT: DATE: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	NORRIS, J. C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25450 AIRPORT ROAD	PUNTA GORDA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	MERRITT, JOHN C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25450 AIRPORT RD	PUNTA GORDA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVAS	COLEMAN, H. R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25450 AIRPORT RD	PUNTA GORDA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VTS	CHOMA, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25450 AIRPORT RD	PUNTA GORDA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V	TOWNSEND, CHARLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25450 AIRPORT RD	PUNTA GORDA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AS	COYLE, DENNIS P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
700 UNIVERSE BLVD	JUNO BCH FL		

14. I do hereby certify that the information reported with this filing is true, complete and correct and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report is supplemental annual report in form and content 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 persons or parties empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this Change in Registered Agent with an address.

SIGNATURE: *H. Robert Coleman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **H. ROBERT COLEMAN, DVAS**  
4-5-96 941-637-2410

CR2E034 (12/95)