

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33950-5746
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3. Date Incorporated or Qualified 03/12/1981	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2197528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. Zip	29. Zip
25. Country	30. Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, J. C.	1.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, JOHN C	2.2 NAME	
STREET ADDRESS	25450 AIRPORT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, H. R.	3.2 NAME	
STREET ADDRESS	25450 AIRPORT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOMA, RICHARD	4.2 NAME	
STREET ADDRESS	25450 AIRPORT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, CHARLES	5.2 NAME	
STREET ADDRESS	25450 AIRPORT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, DENNIS P	6.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	6.4 CITY-ST-ZIP	

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 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: *H. Robert Coleman* H. ROBERT COLEMAN 2-19-97 941-639-4158
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)