

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

FILED
Apr 24 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 # **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

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 owes or has paid the current year intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	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	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	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	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	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	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 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:

James E. Mortham

APR 10, 1998

941-699-2410

CR2E034 (10/97)