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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F23763

1. Corporation Name
TURNER CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ATTN: RICHARD CHOMA
25450 AIRPORT ROAD
PUNTA GORDA FL 33950
US

Mailing Address
ATTN: RICHARD CHOMA
25450 AIRPORT ROAD
PUNTA GORDA FL 33950
US

3. Date Incorporated or Qualified
03/12/1981

2. Principal Place of Business
21 700 UNIVERSE BLVD.
Suite, Apt. #, etc.

2a. Mailing Address
26 700 UNIVERSE BLVD.
Suite, Apt. #, etc.

4. FEI Number
59-2197528

Applied For
Not Applicable

22 ATTN: DENNIS P. COYLE
City & State

27 ATTN: DENNIS P. COYLE
City & State

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

23 JUNO BEACH, FL
Zip Country

28 JUNO BEACH, FL
Zip Country

6. Election Campaign Financing - Trust Fund Contribution \$5.00 May Be Added to Fees

24 33408 25 USA 29 33408 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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
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

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 DELETE
NAME NORRIS, J. C.
STREET ADDRESS 25450 AIRPORT ROAD
CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME MERRITT, JOHN C
STREET ADDRESS 25450 AIRPORT RD
CITY-ST-ZIP PUNTA GORDA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VTS DELETE
NAME CHOMA, RICHARD
STREET ADDRESS 25450 AIRPORT RD
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V DELETE
NAME TOWNSEND, CHARLES
STREET ADDRESS 25450 AIRPORT RD
CITY-ST-ZIP PUNTA GORDA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS DELETE
NAME COYLE, DENNIS P
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BCH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis P. Coyle

4/12/99

Date

(561) 694-4644

Daytime Phone #

CR2E034 (1/98)