

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F65517 (7)

1. Corporation Name

TURNER BUILDERS OF VERO BEACH, INC.

Principal Place of Business

65 ROYAL PALM BLVD
SUITE A
VERO BEACH FL 32960
US

Mailing Address

P. O. BOX 650236
P.O. BOX 65-0236
VERO BEACH FL 32965
US



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

25

9. Name and Address of Current Registered Agent

TURNER, JAMES H
12890 N A1A
VERO BEACH FL 32963

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 607.0507 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 617.0605, Florida Statutes.

SIGNATURE

Signature of Agent (Print Name and Title)

Signature of Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TURNER, JAMES H	
STREET ADDRESS	12890 N A1A	
CITY, ST, ZIP	VERO BEACH FL	
TITLE	ST	☐ DELETE
NAME	TURNER, JUDY S	
STREET ADDRESS	12890 N A1A	
CITY, ST, ZIP	VERO BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. 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 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplier certificate 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 make such 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:

Judy S. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407 562-7600

CR2E034 (12/95)