

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 4/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # F84607

(3)

1. Corporation Name

TURNER PROPERTIES & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

508-A CAPITAL CR SE  
TALLAHASSEE FL 32301

508-A CAPITAL CR SE  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/09/1982</b>                                                                                                         | 3a. Date of Last Report<br><b>01/19/1994</b> |
| 4. FEI Number<br><b>59-2203640</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

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

|                                                                                                  |                                                                                                     |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                                                  | 10. Name and Address of New Registered Agent                                                        |
| TURNER, MARTIN STEPHEN<br>215 SOUTH MONROE<br>SUITE 400/P O DRAWER 11300<br>TALLAHASSEE FL 32302 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 reappointing

DATE

|                                                    |                                                                    |
|----------------------------------------------------|--------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

*[Signature]*  
TURNER, MARTIN STEPHEN  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95 (904) 656-4663  
Daytime Phone #