

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F84607 (3)

1. Corporation Name

TURNER PROPERTIES & INVESTMENTS, INC.



Principal Place of Business

508-A CAPITAL CR SE
TALLAHASSEE FL 32301

Mailing Address

508-A CAPITAL CR SE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
06/09/1982

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 508 - D3 Capital Circle SE

26 508-D3 Capital Circle S.E.

4. FEI Number

59-2203640

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32301

25

29 32301

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, MARTIN STEPHEN
215 SOUTH MONROE
SUITE 400/P O DRAWER 11300
TALLAHASSEE FL 32302

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

TITLE C [] DELETE

NAME TURNER, FREDERICK E.
STREET ADDRESS 508-A CAPITAL CR SE
CITY - ST - ZIP TALLA, FL 00000

TITLE P [] DELETE

NAME TURNER, DOUGLAS E.
STREET ADDRESS 508-A CAPITAL CR SE
CITY - ST - ZIP TALLA, FL 00000

TITLE V [] DELETE

NAME TURNER, TERESA L.
STREET ADDRESS 508-A CAPITAL CIRCLE SE
CITY - ST - ZIP TALLAHASSEE 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

1.1 TITLE P/D ☒ Change ☐ Addition

NAME Turner, TERESA L.
STREET ADDRESS 508-D3 Capital Circle SE
CITY - ST - ZIP Tallahassee FL 32301

2.1 TITLE S/D ☒ Change ☐ Addition

NAME Turner, Douglas E.
STREET ADDRESS 508-D3 Capital Circle SE
CITY - ST - ZIP Tallahassee FL 32301

3.1 TITLE D ☒ Change ☐ Addition

NAME Turner, Frederick E.
STREET ADDRESS 508-D3 Capital Circle SE
CITY - ST - ZIP Tallahassee FL 32301

4.1 TITLE T ☐ Change ☒ Addition

NAME O'Reilly, John E.
STREET ADDRESS 508-D3 Capital Circle SE
CITY - ST - ZIP Tallahassee FL 32301

5.1 TITLE [] Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE [] Change ☐ Addition

NAME
STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)