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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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-D3 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301
US

Mailing Address
508-D3 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301
US



2. Principal Place of Business
21 508-A Capital Circle SE
Suite, Apt. #, etc.
22
City & State
23 Tallahassee Florida
Zip Country
24 32301 25 USA
26 508-A Capital Circle SE
Suite, Apt. #, etc.
27
City & State
28 Tallahassee Florida
Zip Country
29 32301 30 USA

3. Date Incorporated or Qualified 06/09/1982
3a. Date of Last Report 04/26/1996
4. FEI Number 59-2203640
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TURNER, MARTIN STEPHEN
215 SOUTH MONROE
SUITE 400/P O DRAWER 11300
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
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 D ☐ DELETE
NAME TURNER, FREDERICK E.
STREET ADDRESS 508-D3 CAPITAL CIRCLE SE
CITY-ST-ZIP TALLA, FL 00000
TITLE SD ☐ DELETE
NAME TURNER, DOUGLAS E.
STREET ADDRESS 508-D3 CAPITAL CIRCLE SE
CITY-ST-ZIP TALLA, FL 00000
TITLE PD ☐ DELETE
NAME TURNER, TERESA L.
STREET ADDRESS 508-D3 CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE FL
TITLE T ☐ DELETE
NAME O'REILLY, JOHN E
STREET ADDRESS 508-D3 CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE FL
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *John O'Reilly* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 (904) 656-4663
Date Daytime Phone #

CR2E034 (9/96)