


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90004 001 ***550.00

0541821

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000001139					
1. Corporation Name TURNER MAINTENENCE CORPORATION					
Principal Place of Business 8687 UNITED PLAZA BLVD STE 500 BATON ROUGE LA 70809 US			Mailing Address P.O. BOX 2750 BATON ROUGE LA 70821		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/23/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 72-1227732	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME TURNER, B.S.					
1.3 STREET ADDRESS 8687 UNITED PLAZA BLVD., SUITE 500					
1.4 CITY-ST-ZIP BATON ROUGE LA 70809					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME TOUPS, R.M.					
2.3 STREET ADDRESS 8687 UNITED PLAZA BLVD., SUITE 500					
2.4 CITY-ST-ZIP BATON ROUGE LA 70809					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME CARPENTER, D.R.					
3.3 STREET ADDRESS 8687 UNITED PLAZA BLVD., SUITE 500					
3.4 CITY-ST-ZIP BATON ROUGE LA 70809					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME MCCALL, D. R.					
4.3 STREET ADDRESS 8687 UNITED PLAZA BLVD, SUITE 500					
4.4 CITY-ST-ZIP BATON ROUGE LA 70809					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME QUITREAU, J.W.					
5.3 STREET ADDRESS 8687 UNITED PLAZA BLVD., SUITE 500					
5.4 CITY-ST-ZIP BATON ROUGE LA 70809					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME ST GRIFFON, L.J. JR.					
6.3 STREET ADDRESS 8687 UNITED PLAZA BLVD., SUITE 500					
6.4 CITY-ST-ZIP BATON ROUGE LA 70809					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LEO J. GRIFFON, JR.** 5/7/99 225-922-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #