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 # F95000000472 (9)

1. Corporation Name

THE H.L. TURNER GROUP INC.

Principal Place of Business

6 LOUDON ROAD
CONCORD NH 03301

Mailing Address

6 LOUDON ROAD
CONCORD NH 03301

3. Date Incorporated or Qualified: 01/27/1995

3a. Date of Last Report:

4. FEI Number: 02-0444711 ☐ 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

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

CT CORPORATION
1200 SOUTH 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PCST	☐ DELETE
NAME	TURNER, HAROLD JR	
STREET ADDRESS	45 RANGE ROAD	
CITY-ST-ZIP	GOFFSTOWN NH 03045	
TITLE	D	☐ DELETE
NAME	TURNER, HAROLD JR	
STREET ADDRESS	45 RANGE ROAD	
CITY-ST-ZIP	GOFFSTOWN NH 03045	
TITLE	V	☐ DELETE
NAME	TURNER, WILLIAM A	
STREET ADDRESS	RR #1 - BOX 445	
CITY-ST-ZIP	NAPLES ME 04055	
TITLE	V	☐ DELETE
NAME	MELCHIN, DENNIS	
STREET ADDRESS	RR #1 - BOX 1337	
CITY-ST-ZIP	SALISBURY NH 03268	
TITLE	V	☐ DELETE
NAME	BELIDA, LOREN M	
STREET ADDRESS	81 PRESTON STREET	
CITY-ST-ZIP	HILLSBOROUGH NH 03244	
TITLE	V	☐ DELETE
NAME	JOHNSON, WILLIAM C	
STREET ADDRESS	44 BROWN RIDGE ROAD	
CITY-ST-ZIP	WEARE NH 03281	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	ROBERT G. BLAIR	
1.3 STREET ADDRESS	168 SEWALLS FALLS RD	
1.4 CITY-ST-ZIP	CONCORD N.H 03301	
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 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] 3/7/96 (603) 228-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)