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FILED
May 14 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 # **F95000000472 (9)**

1. Corporation Name
THE H.L. TURNER GROUP INC.

Principal Place of Business	Mailing Address
6 LOUDON ROAD CONCORD NH 03301	6 LOUDON ROAD CONCORD NH 03301-5321

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
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)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PCST	☐	1.1 TITLE	V	☐ ☒
NAME	TURNER, HAROLD JR		1.2 NAME	GERARD R. BLANCHETTE	
STREET ADDRESS	45 RANGE ROAD		1.3 STREET ADDRESS	168 SEWALLS FALLS RD	
CITY-ST-ZIP	GOFFSTOWN NH 03045		1.4 CITY-ST-ZIP	CONCORD N.H. 03301	
TITLE	D	☐	2.1 TITLE	V	☐ ☒
NAME	TURNER, HAROLD JR		2.2 NAME	ROBERT G. BLAIR	
STREET ADDRESS	45 RANGE ROAD		2.3 STREET ADDRESS	P.O. BOX 152 23 TASKERHILL RD	
CITY-ST-ZIP	GOFFSTOWN NH 03045		2.4 CITY-ST-ZIP	~~STAFFORD NH 03884~~ NORTHWOOD N.H. 03261	
TITLE	V	☐	3.1 TITLE		☐ ☐
NAME	TURNER, WILLIAM A		3.2 NAME		
STREET ADDRESS	RR #1 - BOX 445		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES ME 04055		3.4 CITY-ST-ZIP		
TITLE	V	X	4.1 TITLE		☐ ☐
NAME	MELCHIN, DENNIS		4.2 NAME		
STREET ADDRESS	RR #1 - BOX 1337		4.3 STREET ADDRESS		
CITY-ST-ZIP	SALISBURY NH 03268		4.4 CITY-ST-ZIP		
TITLE	V	☐	5.1 TITLE		☐ ☐
NAME	BELIDA, LOREN M		5.2 NAME		
STREET ADDRESS	81 PRESTON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	HILLSBOROUGH NH 03244		5.4 CITY-ST-ZIP		
TITLE	V	☐	6.1 TITLE		☐ ☐
NAME	JOHNSON, WILLIAM C		6.2 NAME		
STREET ADDRESS	44 BROWN RIDGE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEARE NH 03281		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 _____ 4/10/97 (603-228-1133)