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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1995	
4. FEI Number 02-0444711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
85 FL		86 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 607.0506, Florida Statutes.

SIGNATURE:  President/CEO DATE: 1-13-1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCST	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, HAROLD JR	1.2 NAME	ROBERT G. BLAIR JR.
STREET ADDRESS	45 RANGE ROAD	1.3 STREET ADDRESS	P.O. Box 152 - 23 TANKER RD.
CITY-ST-ZIP	GOFFSTOWN NH 03045	1.4 CITY-ST-ZIP	STANFORD N.H. 03884
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, HAROLD JR	2.2 NAME	
STREET ADDRESS	45 RANGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOFFSTOWN NH 03045	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHETTE, GERARD R	4.2 NAME	
STREET ADDRESS	188 SEWALLS FALLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NH	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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.

SIGNATURE: 

CR2E034 (10/97)

NAME OF OFFICER	JOB TITLE	ADDRESS
HAROLD TURNER	President , CEO	45 Range Rd. Goffstown NH 03345
LOREN M. BELIDA	V.P. Of Arch.Div.	81 Preston Str. Hillsboro NH 03244
BOBERT G. BLAIR JR.	V.P. Of C.M. Div.	P O Box 152 Stanford NH 03884
GERARD R. BLANCHETTE	V.P. Of Engrn.Div.	168 Seawalls Falls Rd. Concord NH 033
WILLIAM C. JOHNSON	V.P. Of Marktn..Div.	44 Brown Ridge Rd. Weare NH 03281
WILLIAM A. TURNER	V.P. Of IAQ Div.	RR 1 Box 535B Harrison ME 04040