**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600000709

1. Corporation Name

TURNER EXPOSITION CORPORATION

Principal Place	e of Business	Mailing Address		1 1881190 1110 11110 11110 11110 11110 1111	11 ami 11am itani 11am 11am
8928 EAGLE WATCH DRIVE		8928 EAGLE WATCH DRIVE			
RIVERVIEW FL 33569		RIVERVIEW FL 33569			OF
				DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualifed	
- D. ( -) D.	(P)	A Mailing Address		02/12/1996 4. FEI Number	Applied For
_	lace of Business	2a. Mailing Address		NOT APPLICABLE	Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additional
	#, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	······································	6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	a. This corporation owes the current year Intan	gible
24	25	29	30	Personal Property Tax.	]Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ag	jent
			81 Name		Ì
WOLFE, LARRY		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
200-A JOHN KNOX ROAD					
, TALL	AHASSEE FL 32303-6643		83		
			84 City		85 Zip Code
•				<u> </u>	
11, Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the purpose of ch	nanging its registered ment as registered
office or re agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	monzed by the corpora da Statutes.	ation's board of directors. I hereby accept the appointm	non as regionates
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.		
agent. I ar SIGNATURE	m familiar with, and accept the obliga	nt and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requ	uired when reinstating) DATE	
agent. I ar	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Florid  It and title if applicable. (NOTE: R	da Statutes. Registered Agent signature requests.	uired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
agent. I ar SIGNATURE  12.  TITLE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: F	ta Statutes.  Registered Agent signature requested.  13.  1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	
agent. I ar SIGNATURE  12. TITLE NAME	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Florid  It and title if applicable. (NOTE: R	ta Statutes.  Registered Agent signature requestions.  13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND  TOHN W. TURNER	DIRECTORS IN 12
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS	signature, typed or printed name of registered ager OFFICERS AN PVST TURNER, JAMES M 8928 EAGLE WATCH DR.	tions of, Section 607.0505, Florid  It and title if applicable. (NOTE: R	tegistered Agent signature requested.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	DATE  ADDITIONS/CHANGES TO OFFICERS AND  TOHN W. TURNER  8928 E948 WATCH DY	DIRECTORS IN 12
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST TURNER, JAMES M 8928 EAGLE WATCH DR. RIVERVIEW FL 33569	nt and title if applicable. (NOTE: FID DIRECTORS DELETE	ta Statutes.  Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DATE  ADDITIONS/CHANGES TO OFFICERS AND  TOHN W. TURNER  8928 EGYL WATCH DY  RIVERVIEW FL 33569	DIRECTORS IN 12  ☐ Change Addition
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agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST TURNER, JAMES M 8928 EAGLE WATCH DR. RIVERVIEW FL 33569 C TURNER, JOHN E 8928 EAGLE WATCH DR.	nt and title if applicable. (NOTE: FID DIRECTORS	ta Statutes.  Registered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	DATE  ADDITIONS/CHANGES TO OFFICERS AND  TOHN W. TURNER  8928 Early MATCH DY  RIVERVIEW PL 33569  V  BEVERLY P. TURNER  1552 Orang St 23715	DIRECTORS IN 12  ☐ Change Addition
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

Change

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90003 047 \*\*\*150.00