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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H14180

(4)

TURCOTTE & SON, INC.

## **FILED** Jan 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |   |                            |   |   | (I UI UI UI UI UI II              | TIMIL MENEL MINI | 1 81811 1881      |
|---|---|---|----------------------------|---|---|-----------------------------------|------------------|-------------------|
| 2791 BEE RIDGE<br>SARASOTA FL 34239   |   | 2791 BEE RIDGE<br>SARASOTA FL 34239             |                            | DO NOT WRITE  | E IN THIS S   | SPACE                             |                  |                   |
|   |   |   |                            |   | 3. Date Incorporated or Qualified                             |                                   |                  |                   |
|   |   |   |                            |   | 07/27/1984  |                                   |                  |                   |
|   | lace of Business                                  | 2a. Mailing Address                             |                            | 4. FEI Number   |   | Ap                                | plied For        |                   |
| 21  | 4   | 26 <u>250 / W</u>                               | 2307 WeBBen St             |   | 59-2422980  |                                   | <del></del>      | ol Applicable     |
| Suite, Apt.   |   | Suite, Apt, #, etc. 27 House                    |                            | 5. Certificate of Status Desired                      | ×   | \$8.75 Additional<br>Fee Required |                  |                   |
| City & State  |   | City & State                                    |                            |   | 6. Election Campaign Financing                                |                                   | \$5.00 May Be    |                   |
| 23  |   |   | ļ                          |   |   |                                   | Added t          |                   |
| Zip   | Country   | Zip 342 34                                      | Country<br>30 SAM          | n sota  | 8. This corporation owes or has pa                            | -                                 | - ' -            | angible  <br>] No |
| 24  | 9. Name and Address of Curre                      |   | 30 2770                    | 730111  | Personal Property Tax due June 10. Name and Address of New Re |                                   |                  | 7 140             |
| DC:   |   | in riogistoros rigant                           | 81 1                       |   | (5, 100110 010 01000 011000 11                                | 8.0.0.00                          | . <u>g</u>       |                   |
| BEITLICH, PAUL D.<br>2033 MAIN ST.  |   |   |                            |   |   | ····                              |                  |                   |
|   | ITE <b>60</b> 0                                   |   | 82 8                       | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                   |                  |                   |
| ł   | RASOTA FL 34230                                   |   | 83                         |   |   |                                   |                  |                   |
|   |   |   | 84 0                       | City  | <del> </del>  |                                   | 85 Zip (         | Code              |
|   |   |   |                            |   |   | <u> </u>                          |                  |                   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ftorida 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 profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |                            |   |   |                                   |                  |                   |
| 12.   | Signature, typed or printed name of registered ag | ent and title if applicable (NOTE  ND DIRECTORS | : Registered Agent s       | ignature required                                     | when reinstating)  ADDITIONS/CHANGES TO OFFICE                | DATE<br>CERS AND                  | DIRECTOR         | S IN 12           |
| TITLE   | STD PLES  | DELETE  | 1.1 TITLE                  | <u>-</u>  | ADDITIONO/OFFANGED TO OFFI                                    | DETTO AIND                        | Change           | Addition          |
| NAME  | TURCOTTE, MARY ANN                                |   | 1.2 NAME                   |   |   |                                   | •                |                   |
| STREET ADDRESS  | 2307 WEBBER STREET                                |   | 1.3 STREET ADI             | DRESS   |   |                                   |                  |                   |
| CITY-ST-ZIP   | SARASOTA FL                                       | _   | 1.4 CITY-ST-Z              |   |   |                                   |                  |                   |
| TITLE   | P   | DELETE  | 2.1 TITLE                  |   |   |                                   | Change           | Addition          |
| NAME  | TURCOTTE, JOSEPH L.H.                             | <b>,</b> ,                                      | 2.2 NAME                   |   |   |                                   |                  | •                 |
| STREET ADDRESS  | 2307 WEBBER STREET                                |   | 2.3 STREET ADD             | ORESS   |   |                                   |                  |                   |
| CITY-ST-ZIP   | \$ARASOTA FL                                      |   | 2. 4 CITY-ST-2             | ZIP   |   |                                   |                  |                   |
| TITLE   |   | ☐ DELETE  | 3.1 TITLE                  |   |   |                                   | ☐ Change         | Addition          |
| NAME  |   |   | 3.2 NAME                   |   |   |                                   |                  |                   |
| STREET ADDRESS  |   |   | 3.3 STREET ADD             | DRESS   |   |                                   |                  |                   |
| CITY-ST-ZIP   | <u> </u>  |   | 3.4 CITY-ST-Z              | IP .  |   |                                   |                  |                   |
| TITLE   |   | ☐ DELETE  | 4.1 TITLE                  |   |   |                                   | Change           | Addition          |
| NAME  |   |   | 4. 2 NAME                  |   |   |                                   |                  | į                 |
| STREET ADDRESS  |   |   | 4.3 STREET ADD             |   |   |                                   |                  |                   |
| CITY-ST-ZIP   |   | DELETE  | 4.4 CITY - ST - Z          | IP  |   |                                   | Channa           | Addition          |
| TITLE   |   |   | 5.1 TITLE                  |   |   |                                   | Change           | Addition          |
| NAME<br>OTREET ARRESTOR   |   |   | 5.2 NAME                   | neno.   |   |                                   |                  |                   |
| STREET ADDRESS  |   |   | 5.3 STREET ADD             |   |   |                                   |                  |                   |
| CITY-ST-ZIP   | 1   | DELETE  | 5.4 CITY-ST-ZI             | P   |   |                                   | Change           | Addition          |
| TITLE   |   |   | 61 TITLE                   |   |   | ,                                 | numbe            | L. Addition       |
| NAME<br>STREET ADDRESS  |   |   | 6.2 NAME<br>6.3 STREET ADD | DECC  |   |                                   |                  |                   |
|   |   |   |                            | ľ   |   |                                   |                  |                   |
| CITY-ST-ZIP   |   |   | 6.4 CITY-ST-ZI             | r [   |   |                                   |                  |                   |

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 changes, or on an attachment with an address.