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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H14964** (1)

1. Corporation Name
TURKO PACKING, INC.



Principal Place of Business 1317 GUNN HWY. ODESSA FL 33556 US	Mailing Address 1150 CLEVELAND ST. STE. 301 CLEARWATER FL 34615-4859 US
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3. Date Incorporated or Qualified 08/02/1984	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21 1331 GUNN HWY Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 227 Suite, Apt. #, etc.	4. FEI Number 59-2446320	Applied For Not Applicable
22 City & State ODESSA, FL	27 City & State ODESSA, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33556	28 Zip 33556	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country US	29 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, DENNIS P. 1150 CLEVELAND ST STE. 301 CLEARWATER FL 34615	10. Name and Address of New Registered Agent 81 Name SANDRA K. HIGGINS 82 Street Address (P.O. Box Number is Not Acceptable) 1317 GUNN HWY 83 84 City ODESSA FL 85 Zip Code 33556
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBINSON, EASTER 1317 GUNN HIGHWAY ODESSA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	EASTER ROBINSON 1331 Gunn Hwy ODESSA, FL. 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, DONALD E. 1317 GUNN HIGHWAY ODESSA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DONALD E. ROBINSON, JR. 1331 Gunn Hwy ODESSA, FL. 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST ROBINSON, SANDY 1317 GUNN HIGHWAY ODESSA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SANDRA HIGGINS 1331 Gunn Hwy ODESSA, FL. 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JR., DONALD 1317 GUNN HIGHWAY ODESSA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DONALD E. ROBINSON, JR. 1331 Gunn Hwy ODESSA, FL. 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	LARRY ROBINSON 1331 Gunn Hwy ODESSA, FL. 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 1/27/97 (813) 920-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)