

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

FILED

Feb 17 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 # **J44446** (9)

1. Corporation Name
PAUL TURNER CO., INC.

Principal Place of Business
**1720 TURNER WOOD LANE
PANAMA CITY BEACH FL 32407
US**

Mailing Address
**%PAUL TURNER
P.O. BOX 9431
PANAMA CITY BEACH FL 32417
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Correct Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Correct Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/01/1986	
4. FEI Number 59-2743345		Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent TURNER, PAUL 407 OLEANDER CIRCLE PANAMA CITY BEACH FL 32413	
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

Signature, typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, PAUL	1.2 NAME	
STREET ADDRESS	407 OLEANDER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BARBARA	2.2 NAME	
STREET ADDRESS	407 OLEANDER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, DOUGLAS	3.2 NAME	
STREET ADDRESS	121 WISTERIA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Barbara Turner Sec/Treas**

2-5-98

850-234-8306

CR2E034 (10/97)