


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 # **J70304** (7)
1. Corporation Name
TURNER MEATS OF DELTONA, INC.



Principal Place of Business 1818 ELKCAM BLVD DELTONA FL 32725	Mailing Address 1818 ELKCAM BLVD DELTONA FL 32725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1987	
21		26		4. FEI Number 59-2802447	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country	29	Zip
30					

9. Name and Address of Current Registered Agent

**COONS, DANIEL P
1369 SAXON BLVD
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81	Name	W. E. Turner	
82	Street Address (P.O. Box Number is Not Acceptable)	247 Linda Vista	
83			
84	City	FL	85 Zip Code 32713

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 **W. E. Turner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALES, KINAHAN E.			1.2 NAME	W.E. Turner		
STREET ADDRESS	579 N APACHE CIR			1.3 STREET ADDRESS	247 Linda Vista		
CITY-ST-ZIP	DELTONA FL			1.4 CITY-ST-ZIP	Debary, FL 32713		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONS, DANIEL P.			2.2 NAME	Robert Newman		
STREET ADDRESS	1369 SAXON BLVD			2.3 STREET ADDRESS	2622 Ainsworth Ave.		
CITY-ST-ZIP	DELTONA FL			2.4 CITY-ST-ZIP	Deltona, FL 32738		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALES, TAMMY			3.2 NAME	Doreen Nichols		
STREET ADDRESS	579 N APACHE CIR			3.3 STREET ADDRESS	1 Juniper Lane		
CITY-ST-ZIP	DELTONA FL			3.4 CITY-ST-ZIP	Debary, FL 32713		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLELAND, DANIEL E.			4.2 NAME	Donna Hagerman		
STREET ADDRESS	33001 EVERGREEN ROAD			4.3 STREET ADDRESS	1553 Dunlop Dr.		
CITY-ST-ZIP	DELAND FL			4.4 CITY-ST-ZIP	Deltona, FL 32725		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARINELLA, JOSEANNE			5.2 NAME			
STREET ADDRESS	851 W GAUCHO			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL			5.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONS, RICHARD			6.2 NAME			
STREET ADDRESS	871 4TH AVE N			6.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL			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: **W. E. Turner** **2-11-98**

CR2E034 (10/97)