FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J84139** **(1)**

1. Corporation Name

JERRY TURNER & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
62 SE 6TH AVE DELRAY BEACH FL 33483	62 SE 6TH AVE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **07/24/1987**
3a. Date of Last Report: **03/30/1995**

4. FEI Number: **58-1748275** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 277 SE 5TH AVE	26 277 SE 5th AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip / Country 24 33483 / 25 PALM BEACH	Zip / Country 29 33483 / 30 PALM BEACH

9. Name and Address of Current Registered Agent

SCHONE, LARRY
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33444

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, JERRY		1.2 NAME		
STREET ADDRESS	~~62 SE 6TH AVE.~~ 277 SE 5th AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OSTER, DEBORAH TURNER		2.2 NAME		
STREET ADDRESS	~~62 SE 6TH AVE~~ 277 SE 5th AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOOD, WILLIAM		3.2 NAME		
STREET ADDRESS	~~62 SE 6TH AVE~~ 277 SE 5th AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OSTER, DEBORA TURNER		4.2 NAME		
STREET ADDRESS	~~62 SE 6TH AVE~~ 277 SE 5th AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: _____ DEBORA TURNER OSTER 6-6-96 407 276 0453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #