

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K05088** (5)

1. Corporation Name  
**TURNER AQUACULTURE, INC.**



Principal Place of Business: **C/O H.R. COLEMAN 25450 AIRPORT RD. PUNTA GORDA FL 33950**  
Mailing Address: **C/O H.R. COLEMAN 25450 AIRPORT RD. PUNTA GORDA FL 33950**

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State. 23 [ ] Zip [ ] Country. 24 [ ] 25 [ ]

2a. Mailing Address: 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State. 28 [ ] Zip [ ] Country. 29 [ ] 30 [ ]

3. Date Incorporated or Qualified: **12/04/1987** 3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **65-0036489** Applied For: Not Applicable  
5. Corporate 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

9. Name and Address of Current Registered Agent

**LEON, J E  
C/O FPL COMPANY  
9250 W. FLAGLER ST.  
MIAMI FL 33174**

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 607.0215 and 607.1503, 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, or by a duly appointed representative appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0215, Florida Statutes.

SIGNATURE: [ ] OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |              |
|----------------------------|--------------------|---|--------------|
| TITLE                      | NAME               | TITLE   | NAME         |
| DP                         | COLEMAN, H. ROBERT | [ ] Change  | [ ] Addition |
| 25450 AIRPORT ROAD         | PUNTA GORDA FL     | 14 CITY, ST, ZIP                                      | [ ] Change   |
| VD                         | NORRIS, J.C.       | 22 NAME   | [ ] Change   |
| 25450 AIRPORT ROAD         | PUNTA GORDA FL     | 23 STREET ADDRESS                                     | [ ] Change   |
| VTS                        | CHOMA, RICHARD     | 24 CITY, ST, ZIP                                      | [ ] Change   |
| 25450 AIRPORT ROAD         | PUNTA GORDA FL     | 32 NAME   | [ ] Change   |
| AS                         | COYLE, DENNIS P    | 33 STREET ADDRESS                                     | [ ] Change   |
| 700 UNIVERSE BLVD          | JUNO BCH FL        | 34 CITY, ST, ZIP                                      | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 41 TITLE  | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 42 NAME   | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 43 STREET ADDRESS                                     | [ ] Change   |
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| [ ] DELETE                 | [ ] DELETE         | 51 TITLE  | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 52 NAME   | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 53 STREET ADDRESS                                     | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 54 CITY, ST, ZIP                                      | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 61 TITLE  | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 62 NAME   | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 63 STREET ADDRESS                                     | [ ] Change   |
| [ ] DELETE                 | [ ] DELETE         | 64 CITY, ST, ZIP                                      | [ ] Change   |

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. 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 of this report as an officer or director with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**H. ROBERT COLEMAN, DVS**

4-5-96 941-639-2410

CR2E034 (12/95)