

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

FILED: 17

DOCUMENT # K06982 (8)

1. Corporation Name

TURICUM, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Principal Office Address

**920 HARDWICK AVE.
ORLANDO FL 32825**

3. Mailing Address

**920 HARDWICK AVE.
ORLANDO FL 32825**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reorganization

12/14/1987

3a. Date of Last Report

04/18/1994

4. FET Number

59-2858981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has capacity for intraparty tax under the Internal
Florida Statutes ☐ Yes ☐ No

2. Principal Office Address

21. State of Florida

26. Mailing Address

26. State of Florida

22. City or State

27. City or State

23. City or State

28. City or State

24. City or State

25. City or State

29. City or State

30. City or State

9. Name and Address of Current Registered Agent

**EATON, ALBERT C.
801 NORTH MAGNOLIA AVENUE
SUITE 204
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City or State

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above named corporation ratifies this statement for the purpose of changing its registered office or registered agent in part or in whole. Such change was authorized by the corporation's board of directors, thereby, accept the appointment of its registered agent. I am hereby withdrawing my resignation as a director of this corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS (List Name, Address, and City or State)

13. ADDITIONAL OFFICERS AND DIRECTORS (List Name, Address, and City or State)

NAME

ADDRESS

CITY OR STATE

NAME

ADDRESS

CITY OR STATE

NAME

ADDRESS

CITY OR STATE

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CITY OR STATE

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CITY OR STATE

NAME

ADDRESS

CITY OR STATE

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.90 407.225.1278