


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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K59889 (1) 1. Corporation Name FRANK TURNER ENTERPRISES, INC.					
Principal Place of Business 4609 NORTHWEST 6TH STREET SUITE B-4 GAINESVILLE FL 32609 US			Mailing Address 4609 NORTHWEST 6TH STREET SUITE B-4 GAINESVILLE FL 32609 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		25		01/20/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2934490	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		29		8	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
26		31		9. Name and Address of Current Registered Agent	
27		32		10. Name and Address of New Registered Agent	
28		33		81 Name	
29		34		82 Street Address (P.O. Box Number is Not Acceptable)	
30		35		83	
31		36		84 City	
32		37		85 Zip Code	
33		38		FL	
34		39		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.	
35		40		SIGNATURE	
36		41		Signature, typed or printed name of registered agent and title if applicable.	
37		42		(NOTE: Registered Agent signature required when reinstating)	
38		43		DATE	
39		44		12. OFFICERS AND DIRECTORS	
40		45		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
41		46		1.1 TITLE	
42		47		1.2 NAME	
43		48		1.3 STREET ADDRESS	
44		49		1.4 CITY - ST - ZIP	
45		50		2.1 TITLE	
46		51		2.2 NAME	
47		52		2.3 STREET ADDRESS	
48		53		2.4 CITY - ST - ZIP	
49		54		3.1 TITLE	
50		55		3.2 NAME	
51		56		3.3 STREET ADDRESS	
52		57		3.4 CITY - ST - ZIP	
53		58		4.1 TITLE	
54		59		4.2 NAME	
55		60		4.3 STREET ADDRESS	
56		61		4.4 CITY - ST - ZIP	
57		62		5.1 TITLE	
58		63		5.2 NAME	
59		64		5.3 STREET ADDRESS	
60		65		5.4 CITY - ST - ZIP	
61		66		6.1 TITLE	
62		67		6.2 NAME	
63		68		6.3 STREET ADDRESS	
64		69		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:  1-2048 352-373-7828

CR2E034 (10/97)