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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59889

(1)

FILED Jan 28 1998 8:00am Secretary of State

FRANK TURNER ENTERPRISES, INC.								
Principal Plac	ce of Business	Mailing Address				- *		H
4609 NORTHWEST 6TH STREET 4609 NORTHWEST 6TH STR								
SUITE B-4 SUITE B-4						DO NOT WRITE IN THE	C CDAGE	
GAINESVILLE FL 32609 US US GAINESVILLE FL 32609 US			2609			DO NOT WRITE IN TH	S SPACE	
63		00				01/20/1989		
2. Principal P	Place of Business	2a. Mailing Address	 5			4. FEI Number	Applied Fo	or
21		26				59-2934490	Not Applic	
Suite, Apt.	#, etc	Suite, Apt. #, etc	Ċ,			5. Certificate of Status Desired	\$8.75 Addition	al
22 27						3. Certificate of Status Desired	Fee Required	
City & State		<u> </u>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	,
Zîp	Country	28 Zip		Country			Added to Fees	
24	25	29	30	JOGITH Y		 This corporation owes or has paid the opersonal Property Tax due June 30. 	Surrent year Intangible	
27	9. Name and Address of Curre		100	T		10. Name and Address of New Registere		
TU	JRNER, FRANCIS D. JR		* '	81	Name			
	09 NORTHWEST 6TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		\dashv
Su	JITE B-4				01/001/100/0	(i.e. Bekindinger is net resophable)		
] GA	AINESVILLE FL 32609			83				
				84	City	·	. 85 Zip Code	
					-	<u> </u>		
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.								
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.050	05, Florida S	Statutes.	·	•	•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable	(NOTE: Begiste	tered Agent	signature require	d when reinstating) DATE		— I,
		and and the mappinesses.						
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TALE	PVD OFFICERS AN	ID DIRECTORS					ND DIRECTORS IN 12	dition 5
	PVD TURNER, FRANCIS D. JR	☐ DELET	E 1,1	3.				dition
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4. I hereby certify that the information supplied with this filling 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:

AND THE REQUIRE

1-2098 352,373.2828