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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 06 1998 8:00am

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DIVISION OF CORPORATIONS

DOCUMENT # P

CITY-ST-ZIP

1998

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TURNER MCCLEARY COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 4230 OLD COLONY RD 4230 OLD COLONY RD MULBERRY FL 33660 P.O. BOX 405 DO NOT WRITE IN THIS SPACE MULBERRY FL 33860 US 3. Date Incorporated or Qualified 04/01/1989 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2946868 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURNER, ALAN 4230 OLD COLONY RD 82 Street Address (P.O. Box Number is Not Acceptable) MULBERRY FL 33860 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ĎΡ Change ___ Addition 1.1 TITLE TURNER, ALAN NAME 1.2 NAME 4230 OLD COLONY RD STREET ADDRESS 1.3 STREET ADDRESS **MULBERRY FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DVP DELETE 2.1 TITLE Change Addition NAME TURNER, CARON **2.2 NAME** 4230 OLD COLONY RD STREET ADDRESS 2.3 STREET ADDRESS MULBERRY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP