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

1. Corporation Name LO1010 (2)														
TURKE	Y CREE!	(F(Drest V, Inc).										
Principal Place of Business					Mailing Address						-{	OLDI DI EN PLOY P		
% R.L. SAUNDERS, JR.					% R.L. SAUNDERS, JR.									
4908-6 NW 34TH ST					4908-6 NW 34TH ST									
GAINESVILLE FL 32605					GAINESVILLE FL 32805						DO NOT WRITE IN THIS SPACE			
											3. Date Incorporated or Qualified			
2. Principal P	lace of Busi	noss			2a. Mailing Address						07/11/1989 4. FEI Number		Applied For	
21					26						59-2956937		Not Applicable	
Suite, Apt	#, etc				Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	
22				27	27						6. Certificate of Status Desired	Fee	Required	
City & State	c			-	City & State						6. Election Campaign Financing		0 Мау Ве	
Zip									Country		Trust Fund Contribution		d to Fees	
24	25			29	29 30			John y			 This corporation owes or has paid the Personal Property Tax due June 30. 		intangible No	
	9. Name	and	Address of Curi	ent Reg	Istered Agent		**,				10. Name and Address of New Register			
SAUNDERS, R.L., JR.									Name					
4908-6 NW 34TH ST								82	Street	Addres	oss (P.O. Box Number is Not Acceptable)			
GA GA	INESVILLE	FL:	32605					83			.,			
													i	
								64	City		F	o Code		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized t agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute 										corpo	pration submits this statement for the purpose	e of changing	its registered	
agent. I a	egisterod aç m familiar w	jent ith a	or both, in the Sta nd accept the obl	ite of Flo ligations	orida. Such cha of, Section 601	inge was ai 7.0505, Flor	uthorized rida Stat	d by ules	the cor	poratio	on's board of directors. I hereby accept the a	appointment a	as registered	
SIGNATURE														
12.	Signature, typino	or per	Indivanie of registered. OFFICERS A			(NOTE		Age	ni signature	e required	d when reinstating) DAT			
TITLE	Р		OF ICENS A	חולו לואו		DELETE	13.	T) F		Т	ADDITIONS/CHANGES TO OFFICERS A	Change		
NAME	SAUNDERS, WILLIAM K							1.2 NAME				onango	/ Countries:	
STREET ADDRESS	1735 N	W 26	TH WAY		1			1.3 STREET ADDRESS						
CITY-ST-ZIP	GAINES	YILL	E FL				1.4 CI	TY-S1	r-ZIP					
THILE						DELETÉ	2 1 TIT	LE				☐ Change	Addition	
NAME .							22 NA			1				
STREET ADDRESS								23 STREET ADDRESS						
CITY+ST+ZIP TITLE					DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE		 		Change	Addition	
NAME							3.2 NA					TI DIREITA	LI AUUIDOII	
STREET ADDRESS								_	ADDRESS					
CITY-ST-ZIP								3.4. CITY-ST-ZIP						
TITLE						ELETE	4.1 TIT					☐ Change	Addition	
NAME							4. 2 NA	ME						
STREET ADDRESS							4.3 ST	REET	ADORESS					
CITY-ST-ZIP							4.4 CIT		- ZIP					
TITLE					L I	ELETE	5.1 TIT					Change	Addition	
NAME Street address							5.2 NA		innnee e					
CITY-ST-ZIP									ADDRESS					
TITLE						ELETE	5.4 CIT 6.1 TIT		- ZIP			☐ Change	Addition	
Name							6.2 NA					thange	Last / Wolfford	
STREET ADDRESS									ADDRESS					
CITY-ST-ZIP							6.4 CIT	Y-ST	- ZIP					
14. I hereby co	ortify that the	e info	rmation supplied	with this	filing does no	l qualify for	the exe	mpti	on state	d in Se	ection 119.07(3)(i), Florida Statutes. I further	certify that th	e 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 eath; 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:

William K. Saunders

FILED

Apr 17 1998 8:00am

Secretary of State