FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)TURNAGAIN, INC. Principal Place of Business Mailing Address 2840-C REMININGTON GREEN CIR 2840-C REMMINGTON GREEN CIR TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1990 2. Principal Place of Business
27 S45-3 Capital Circles 2a. Mailing Address 4. FEI Number Applied For B45-3 Capital Circle NE 59-3019089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Tallahassee Tallehassee Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 8 25 LCON 29 32308 9. Name and Address of Current Registered Agent Leon Leon Personal Property Tax due June 30. 10. Name and Address of New Registered Agent VINCENT, PRICE H. JR 2840-C REMIMINGTON GREEN CIR Street Address (P.O. Box Number is Not Acceptable)
1845-3 Capital Circle TALLAHASSEE FL 32308 City Tallahassee 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 egister of 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, an amiliar without accept the objections of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1 1 TITLE Change Addition VINCENT, PRICE H JR. NAME 1.2 NAME 560 FRANK SHAW RD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 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 Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 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 in erceiver of the corporation or in erceiver of the top of the statutes and that my name appears in Block 12 or Block 13 if pranged by on an attachment with an address.

850-933 1607

SIGNATURE: