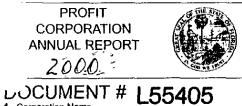
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000=



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 02, 2000 8:00 am Secretary of State

06-02-2000 90008 022 ***150.00

FILED

1. Corporation Name TURNAGAIN, INC.

Principal Place	or business	Mailing Address						-
oac o Cadital	CIR NE 1909	_1845-C CAPITAL CIR NE			·	•		
ALL FL 32308	(, -	TALL FL 32308			DO NOT WRI	ITE IN THIS SPA	CE	
S		US			3. Date Incorporated or Qualifed			
	N.				03/07/1990			
Dringing Di	lace of Business	2a. Mailing Address			4. FEI Number		Anr	lied For
z. Principai Pi T	lace of Business	<u></u>	1		59-3019089		<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			39 30 19009	<u> </u>	8.75 A	
Juite, Apt.	#, etc.	27			5. Certifcate of Status Desired		Fee Rec	
City & State	<u> </u>	City & State		<u> </u>	6. Election Campaign Financing		5.00	
.!	•	28			Trust Fund Contribution	1 1	Added to	
Zip Country		Zip Country			8. This corporation owes the curr			
<u>.</u> !	[25]	29 30		Personal Property Tax. Yes No				
·	9. Name and Address of Current				10. Name and Address of New I	Registered Ager	ıŧ	
-			8	1 Name				
209 VINC	ENT, PRICE H. JR	<pre>treet #</pre>	\ -	2 0 4	described for New York for New York	-blat		
	CAPITAL CIR NE	in diagrack	<u>ا</u> ا	190	dress (P.Q. Box Number is Not Accept			
TALL	. FL 32308	street # is change	8			.: <u> </u>		
			_				-T	
	_		8	4 City		FL. B5	5 Zip C	ode
oursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-named co	rporation submits this statement for the	purpose of chan	ging its	egistered
ffice or f	egistered agent, or both, in the State of	FFlorida, Such change was aut	horized b	y the corpora	ition's board of directors. I hereby acce	pt the appointmen	nt as reg	istered
	in familia with, and accept the obligation		Ja Glalote]
SIGNATURE	Signature, typed or winted name of registered agent.	and title if applicable. (NOTE: R	legistered Ag	ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTO	RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE				Change	☐ Addition
AME .	VINCENT, PRICE H JR.	·	1.2 NAME	:				
STREET ADDRESS	560 FRANK SHAW RD	1		ET ADDRESS				
DIY-ST-ZIP	ALLAHASSEE FL 1		1.4 CITY-	ST-ZIP				
IITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME								
STREET ADDRESS	•		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
IIILE	DELETE		3.1 TITLE				Change	Addition
AME			3.2 NAME	:]		•		
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		•		
ITLE		☐ DELETE	4.1 TITLE				Change	Addition
AME			4. 2 NAMI	ε ¹[.				[
STREET ADDRESS			4.3 STRE	ET ADDRESS				1
CITY-ST-ZIP		. •	4.4 CITY-		•			
TITLE		DELETE	5 1 TITLE				Change	Addition
AME .			5.2 NAME	1	·	_	-	
TREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
IIILE		DELETE	6.1 TITLE				Change	Addition
IAME		 "	6.2 NAME	<u> </u>		_	•	
ADDRESS	{		1	ET ADDRESS				
VODUC 22	l .							1

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 of the redeiver 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 chapter, or on an artistic ment with an address, with all other like empowered.

SIGNATURE: