

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90279 016 ***150.00

DOCUMENT # L63376

1. Corporation Name

TURNER PHOTOGRAPHY, INC.

Principal Place of Business

TURNER PHOTOGRAPHY INC
530 U.S. 41 BYPASS SOUTH #4A
VENICE FL 34292
US

Mailing Address

TURNER PHOTOGRAPHY INC
530 U.S. 41 BYPASS SOUTH #4A
VENICE FL 34292
US

2. Principal Place of Business

2a. Mailing Address

21 1661 Bal Harbour

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. Down

27

City & State

City & State

23 Venice, FL

28

Zip

Country

Zip

Country

24 34293 25 USA

29

30

9. Name and Address of Current Registered Agent

TURNER, MARGARET
530 U.S. 41 BYPASS SOUTH #4A
VENICE FL 34292

3. Date Incorporated or Qualified

03/27/1990

4. FEI Number

65-0189993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Margaret E. Turner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME TURNER, MARGARET E
STREET ADDRESS 1420 BRENNER PARK DR.
CITY-STATE-ZIP VENICE FL 34292

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

President
Turner, Margaret E.
1661 Bal Harbour Dr. Apt. 40
Venice, FL 34293

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret E. Turner 4/23/99 941-4968828

CR2E034 (11/98)