

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE

Sandra B. Marton  
Secretary of State

DIVISION OF CORPORATIONS

6-18-96 B-6956 - C

DOCUMENT # **L95571**

1. Corporation Name

**MITURN, INC.**

Principal Place of Business

**314 CARMEL  
FT. WALTON BEACH FL 32547**

Mailing Address

**314 CARMEL  
FT. WALTON BEACH FL 32547**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23**

Zip

**28**

Zip

**24**

Country

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**HANSON, D. GAIL  
237 COUNTRY CLUB ROAD  
SHALIMAR FL 32549**

3. Date Incorporated or Qualified <b>08/23/1990</b>	3a. Date of Last Report <b>05/16/1995</b>	
4. FEI Number <b>59-3016280</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	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

Signature typed or printed in ink or signed with a valid electronic signature

Printed Name of Agent (Last, First, Middle Initial)

Date

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSON, D. GAIL</b>		1.2 NAME	
STREET ADDRESS	<b>237 COUNTRY CLUB RD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHALIMAR FL</b>		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:**

*D. Gail Hanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 6, 96 904-862-7280*

Daytona Beach

CR2E034 (12/95)