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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M49732

(4)

DOCUMENT #

TURNER AND SUMMER, INC.

Principal Place of Business

C/O BRADLEY D. TURNER 619 POWELL DRIVE ALTAMONTE SPRINGS FL 32701 Mailing Address

C/O BRADLEY D. TURNER 619 POWELL DRIVE ALTAMONTE SPRINGS FL 32701



3a. Date of Last Report 04/26/1995

3. Date Incorporated or Qualified

04/06/1987

2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	App	lled For	
21		26			59-2810805	Not	Applicable	
	ite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	1 7	\$8.75 Additional Fee Required	
City & State	y & State City & State 28				Election Campaign Financing Trust Fund Contribution	¥	\$5.00 May Be Added to Fees	
Zip 24]	Country Zip 29		Country 30		8. This corporation has lability for intangible tax under s 199.032, Florida Statutes Yes No			
.	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	,	
			81	Name				
TURNER, BRADLEY D. 619 POWELL DRIVE ALTAMONTE SPRINGS FL 32701				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				City	y FL 85 Zip Code			
11 Pursuant t	a the provisions of Sections 607 050	2 and 607.1508. Florida Sta	atutes, the above-	named corpor	ration submits this statement for the purp	ose of changing its regis	stered office	
or registes	ed agent, or both, in the State of Flo- h, and accept the obligations of, Sec	rida. Such change was auth	iorized by the corp	oration's boar	rd of directors. Thereby accept the appoin	ntment as registered ag	ent. I am	
SIGNATURE .	Significate Type for printen name of registered ago		(NOTE: Registered Age	of respect we referred	d who reinstahral	DATE		
		ND DIRECTORS	13.	it og diere regerer	ADDITIONS/CHANGES TO OFFICE		IN 12	
12. 1/'LE	PST	DELETE	1. 1 THILE				Addition	
NAME	TURNER, BRADLEY D.	_	1.2 NAME					
STEEL ADDRESS	619 POWELL DRIVE		13 STREE	T ADDRESS				
	ALTAMONTE SPGS FL		14 Cily-					
CHY-ST-ZIP THEE	V	T] DELETE	2 1 TITLE			Change [Addition	
NAM:	TURNER, BRADLEY D.	_	2.2 NAME					
STREET ADDRESS	619 POWELL DRIVE		li i	T ADDRESS				
CIY \$1-7/P	ALTAMONTE SPGS FL		2 4 CI1Y-	SI - ZIP				
Title	TETANOTTE OF GOTE	☐ DELETE	3 1 TITLE			Cnange [Addition	
NAME			32 NAME					
STEEL LADDRESS			33 STRE	ET ADDRESS				
CHY-ST-ZIP			3.4 CITY	\$T-ZIP				
10116		DELETE	4 1 TITLE			Change [Addition	
NAM:			4.2 NAME					
STREET ADDRESS			43 SIRE	T ADDRESS				
CITY ST ZIP			4.4 City-	ST-ZIP				
1tl.F	1	☐ DELĒTE	5 1 TH LE			☐ Change	Addition	
NAMÉ	1		5.2 NAME					
STREET ADDRESS			53 STREI	ET ADDRESS				
CITY ST-ZIF			5.4 CITY	ST-ZIP				
TIM		DELETE	6 1 TITLE	:		☐ Change	Addition	
NAMi			6.2 NAME	: 1				
STREET ADDRESS			63 STRE	ET ADDRESS		•		
CHY-SI-ZIP			6.4 CITY	ì				
	4	The state of the s	. t. michael and de	an not publify	for the exemption stated in Section 119:0	17/3Vk) Florida Statutes	Lfurther	

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 continuous 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 continuous in 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 schanged, or or an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;

40>->6>-041)