

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. McDaniel  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M82353 (7)  
1. Corporation Name  
TURNER/ARR, INC.



Principal Place of Business  
610 E CARTER ROAD  
610 E CARTER ROAD  
LAKELAND FL 33813  
US

Mailing Address  
610 E CARTER ROAD  
610 E CARTER ROAD  
LAKELAND FL 33813  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 35502 BUTTS LANDING  
Suite, Apt. #, etc.  
22  
City & State  
23 DADE CITY, FL  
Zip Country  
24 33526 25  
2a. Mailing Address  
26 35502 BUTTS LANDING  
Suite, Apt. #, etc.  
27  
City & State  
28 DADE CITY, FL  
Zip Country  
29 33526 30

3. Date Incorporated or Qualified  
05/23/1988  
4. FEI Number  
65-0064350  
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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
TURNER, BEN R  
610 E CARTER ROAD  
LAKELAND FL 33813

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
35502 BUTTS LANDING  
83  
84 City  
DADE CITY FL 85 Zip Code  
33526

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BEN R.	1.2 NAME	
STREET ADDRESS	610 EAST CARTER ROAD	1.3 STREET ADDRESS	35502 BUTTS LANDING
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	DADE CITY, FL 33526
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARR, SCOTT D.	2.2 NAME	
STREET ADDRESS	32645 TRILBY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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.

SIGNATURE

4-12-98

813-783-1132

CR2E034 (10/97)