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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P24085 (3)
1. Corporation Name
TURNER SCULPTURE, LTD. INCORPORATED



Principal Place of Business Mailing Address
BOX 128 BOX 128
ONLEY VA 23418 ONLEY VA 23418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1132631	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HKES&F REGISTERED AGENT CORP. 2801 S BAYSHORE DR STE 800 MIAMI FL 33133				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 _____ (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	PD	1.1 TITLE	VICE-PRESIDENT
NAME	TURNER, WILLIAM H.	1.2 NAME	TURNER, WILLIAM H.
STREET ADDRESS	RT. 13, BOX 128	1.3 STREET ADDRESS	RT. 13, BOX 128
CITY-ST-ZIP	ONLEY VA	1.4 CITY-ST-ZIP	ONLEY, VA. 23418
TITLE	V	2.1 TITLE	PRESIDENT
NAME	TURNER, DAVID H.	2.2 NAME	TURNER, DAVID H.
STREET ADDRESS	5 GRACE STREET	2.3 STREET ADDRESS	3 GRACE ST.
CITY-ST-ZIP	ONANCOCK VA	2.4 CITY-ST-ZIP	ONANCOCK, VA. 23417
TITLE	S	3.1 TITLE	
NAME	JESTER, CYNTHIA K.	3.2 NAME	
STREET ADDRESS	RT. 13, BOX 447	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONLEY VA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	DRUMMOND, MELVIN E JR.	4.2 NAME	
STREET ADDRESS	14308 DRUMMOND LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAINTER VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Melvin E. Drummond Jr.* 1-19-98 752-282-2818

CR2E034 (10/97)