FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012858 (6)

1. Corporation Name
GARY TURNER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1280 S.W. 36TH AVENUE POMPANO BEACH FL 33069	1280 S.W. 36TH AVENUE POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21: 11924 FOREST HILL BLVD
22 Suite, Apt. #, etc.: 22 - 176
23 City & State: W.P.B., FL
24 Zip: 33414
25 Country: PALM BCH

2a. Mailing Address
26: 606 6TH LANE
27 Suite, Apt. #, etc.:
28 City & State: LAKE WORTH, FL
29 Zip: 33463
30 Country: PALM BCH

4. FEI Number: 65-0381457 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TURNER, GARY
1280 S.W. 36TH AVENUE
SUITE 204
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 606 6TH LANE
83:
84 City: LAKE WORTH FL 85 Zip Code: 33463

11. Pursuant to the provisions of Section 607.0505 or 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. The 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] PRESIDENT 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	1.1 TITLE	☒ Change	☐ Addition
NAME	TURNER, GARY	1.2 NAME		
STREET ADDRESS	1280 SW 36TH AVE	1.3 STREET ADDRESS	606 6TH LANE	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	V	2.1 TITLE	☒ Change	☐ Addition
NAME	TURNER, VALINDA P	2.2 NAME		
STREET ADDRESS	1280 SW 36TH AVE	2.3 STREET ADDRESS	606 6TH LANE	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ 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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] 4/13/95 (407)964-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

01/2010 CP