

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000026322 (6)**

1. Corporation Name

TURNER RIVER CORPORATION



Principal Place of Business

**102 COPELAND AND BROADWAY
EVERGLADES CITY FL 33928-
US**

Mailing Address

~~3178 LAKEVIEW DRIVE
NAPLES FL 33962~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1993

4. FEI Number

59-3183351

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **34139**

Country

2a. Mailing Address

26 P.O. Box **849**

Suite, Apt. #, etc.

27 **102 Copeland & Broadway**

28 **Everglades City, FL**

29 Zip **34139**

Country

30 **Collier**

9. Name and Address of Current Registered Agent

**QUINN, JEFFREY C
307 AIRPORT ROAD N
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

Terry Lurie, PA

82 Street Address (P.O. Box Number is Not Acceptable)

1842 40th Terrace SW, Suite 5

83

84 City

Naples

FL

85 Zip Code

34116

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



Terry Lurie

April 2, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

P
HOLLAND, DEBRA
3178 LAKEVIEW DR
NAPLES FL

☒ DELETE

VTS
HOLLAND, CHUCK
3178 LAKEVIEW DR
NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

P
Greene, Otto
1180 Chokoloskee Drive, Lot 53
Chokoloskee, FL 34138

☒ Change ☒ Addition

VTS
Sunman, Jean
1180 Chokoloskee Drive, Lot 17
Chokoloskee, FL 34138

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OTTO GREENE APR 2, 1998 941-695-2525

Date

Daytime Phone #

0440607

CR2E034 (10/97)