

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 29 PM 5: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049739 (4)**

1. Corporation Name

**TURNKEY CONSULTANTS/NEEDLE TRADES CO.**

Principal Place of Business

Mailing Address

1312 Hibiscus Street  
ST. AUGUSTINE FL 32095

303 GENOA RD  
ST. AUGUSTINE FL 32095  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/09/1993**

3a. Date of Last Report  
**04/29/1994**

2. Principal Place of Business

2a. Mailing Address

21 **903 Genoa Rd.**

26 **303 Genoa Rd.**

4. FEI Number  
**59-3197236**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

**St. Augustine, FL**

**St. Augustine**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

25 County

29 Zip

30 Country

**32095**

**USA**

**FL 32095**

**U.S.A**

8. This corporation has equity for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DI MUZIO, SAMUEL  
303 GENOA WAY  
ST. AUGUSTINE FL 32095**

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

*Samuel P. Di Muzio*

NOTE: Registered Agent signature issued upon filing.

**4/26/95**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**KIMUZIO, SAMUEL P.**  
**303 GENOA RD**  
**ST. AUGUSTINE FL**

**VP**  
**STRUP, ALLEN**  
**1312 HIBISCUS ST**  
**ST. AUGUSTINE FL**

**Rose Di Muzio**  
**VICE PRESIDENT**

**Secretary**  
**Jeanne Di Muzio**

**Vice President**  
**Louis Di Muzio**

**Vera Di Muzio**  
**Vice President**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 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:

*Samuel P. Di Muzio*

**4/26/95**

**904 846 1816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND TELEPHONE NUMBER