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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082735 (0)

GREGORY G. TURNER, INC.

Principal Place of	Business
3520 PALM DRIVE	
DIMEDA DEACH EL	22404

Mailing Address

3520 PALM DRIVE RIVIERA BEACH FL 33404-2414

FILED Mar 04 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 11/23/1993		ite of Last R 20/1996	eport
Principal Place of Business 1		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number		1	plied For
						65-0450608			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22			5. Certificate of Status Desired	s Desired Sa.75 Additional Fee Required					
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added I	
<i>Z</i> ip 24	Country 25	Z _I p	30	intry	,	8. This corporation has fiability for i		tax under s.	. 199.032,
	9. Name and Address of Curre					10. Name and Address of New Re			
IAM	IONT & NEIMAN P.A.			81	Name	, , , , , , , , , , , , , , , , , , , ,			
ONE DISCAVALE TOMED CHITE SEED			Ohan ah Andah	(D.O. Day M					
	2 SOUTH BISCAYNE BOULEVARD			Street Addr	ess (P.O. Box Number is Not Acceptab	неј			
MIAMI FL 33131									
Mics	mi 1 E 00 10 1								
				64	City		FL	85 Zip (Code
44 D	to the ere gions of Cophons CO7.05	00 and 007 1500 Florida Ct	tabutas the n	hove	a named poin	poration submits this statement for the s	- L	obending it	e registered
office or r	registered agent, or both, in the Stat	te of Florida Such change w	vas authorize	d by	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ot the app	ointment as	registered
agent La	m familiar with, and accept the obli	gations of Section 607.0505	5, Florida Sta	tutes	S.	•	• •		-
SIGNATURE						,			
	Signature, typed or printed name of registered a			d Age	ent signature requir	ed when re-instating)	DATE	DIDECTOR	
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND		***************************************
TITLE	U SUBJECT OFFICERY C	☐ DELETE						Change	Addition
NAME	TURNER, GREGORY G		1.2 N	AME					
STREET ADDRESS	3520 PALM DRIVE		1.3 S	TREET	r address				
CITY - ST- ZIP	RIVIERA BEACH FL 33404		1.4 C	ITY - S	ST-ZIP				
TITLE		☐ DELETE	2.1 7	TLE				Change	Addition
NAME			2.2 N	AME	1				
STREET ADDRESS	•		2.3 S	TREET	T ADDRESS				
CHTY - ST - ZIP			2.40	HY-!	ST-ZIP				
TITLE		DELETE					···- ·· · · · · · · · · · · · · · · · ·	Change	Addition
NAM:			3.2 N	AMF					
STREET ADDRESS					T ADDRESS				
					ST-ZIP				
C TY - ST - 7(P TITLE		☐ DELETE			31-24			Change	Addition
			1	NAME				L 0	1.00.00
NAME						•			
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP		Dr. Eve			ST - ZIP			Change	A-1-10:
THE	ļ	☐ DELETE						∟1 cuan∂e	Addition
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREET	T ADDRESS				
CITY - ST - ZIP					ST-ZIP	***************************************			
TOLE		☐ DELETE	6.1 T	ITLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	r address				
CITY - ST - ZIP	į		640	ITY - S	ST-ZIP				
	hy cod futbal the information rupple	and with this filing does not a				in Section 119.07(3)(i). Florida Statute	e I furthe	contifu that	tho

It do 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:

IGNATURE AND TYPIC DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FES 26-1997 (561

(561) 842-6089