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 MAY -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085550 (0)**

1. Corporation Name

STEVEN TURCOTTE INC.

Principal Place of Business	Mailing Address
4994 TROTT CIRCLE UNIT 20 NORTH PORT FL 34287 US	4994 TROTT CIRCLE UNIT 20 NORTH PORT FL 34287 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/08/1993**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **65-0457315** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

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

9. Name and Address of Current Registered Agent

TURCOTTE, STEVEN
5322 TREKELL ROAD
NORTH PORT FL 34287

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 607.0503 and 607.1505, 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: Steven Turcotte - President — DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	TURCOTTE, STEVEN	1.2 NAME		
STREET ADDRESS	5322 TREKELL RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PREVEL, SHANE R	2.2 NAME		
STREET ADDRESS	4335 HOKAN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	VOELKER, FRANK	3.2 NAME		
STREET ADDRESS	140 MYAKKA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TESCH, HERMAN	4.2 NAME	TESCH, HERMAN	
STREET ADDRESS	10001 US 41 APT. #1	4.3 STREET ADDRESS	1490 VIRGINIA CT	
CITY-ST-ZIP	NORTH PORT FL 34287	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
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 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: Steven Turcotte - President 4/24/95 (813) 426-8863
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0950501 CP