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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000017167 (5)

TURBOSALES INC.

## **FILED** May 14 1998 8:00am Secretary of State



			. <del> </del>					
Principal Place of Business Mailing Address						H 10841 11919 E.	***** 1981 1981	
% 5150 S. FLORIDA AV % 5150 S. FLORIDA AV								
BLDG C. SUIT LAKELAND FL		BLDG C. SUITE #308 LAKELAND FL 33813			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
Daile College	. 55517	DUITERING I F 40010			3. Date Incorporated or Qualified	<del></del>		
<u> </u>					03/04/1994			
	iace of Business	2a, Mailing Address			4. FEI Number	A	Applied For	
21		26			65-0476581		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional	
22 Ch. 5 Chara		27					Required	
City & State		City & State	<u></u>		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		ZIP Country		rv	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible			
24	25	<b>├</b>	30		,		ntangible No	
24	g. Name and Address of Curre		1		10. Name and Address of New Registered			
чо			6	1 Name			<i></i>	
HODGES, DEREK % 5150 S. FLORIDA AVE					(B.O. B. M. J. M. A.			
	OG C, SUITE #308		l <sub>e</sub>	2 Street	treet Address (P.O. Box Number is Not Acceptable)			
	(ELAND FL 33813		8	3				
5"	120410 12 00010		-			7427 50		
1			8	4 City	FL	_ <b>85</b> 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								
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered					required when reinstating) DATE			
12.	<del></del>	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	ORS IN 12 Addition	
TITLE	P HADATA DEDEN	☐ DELETE	1.1 TITLE 1.2 NAM		Sonces DEREK	Change	L. Audition	
NAME ATTEST APPROAGO	HODGES, DEREK 4917 MALIBU CT				HODGES DEREK 5150 S. HURIPA AUE, RIDGE.	4308		
STREET ADDRESS	4 544TH 454TH TI 46644			ET ADDRESS	LAKELAND, FL, 37813			
CITY-\$T-ZIP	DANELAND PL 33811	DELETE	2.1 TITLE	- ST - ZIP		Change	Addition	
NAME			2.2 NAM					
STREET ADDRESS			1	ET ADDRESS	* *,		-	
CITY-ST-ZIP			2. 4 City				1	
TITLE			3.1 71TL			Change	Addition	
NAME			3.2 NAM	E			Ì	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- S1 - ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAN	1E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CiTY					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAM				•	
STREET ADDRESS				ET ADDRESS			-	
CITY-ST-ZIP		Destre	5.4 CITY			Chance	Andrea	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAM				1	
STREET ADDRESS				ET ADDRESS			1	
CITY-ST-ZIP			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.