


FILED

Jul 25 1997 8:00am
Secretary of StateSECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000028645 (7) 1. Corporation Name TURNER COATINGS, INC.		



Principal Place of Business 2114 CAMILLA LAKELAND FL 33801	Mailing Address 2114 CAMILLA LAKELAND FL 33801
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2. Principal Place of Business 21 625 N Prairie Ind Pkwy Suite, Apt. #, etc.	2a. Mailing Address 26 625 N Prairie Ind Pkwy Suite, Apt. #, etc.
22 City & State 23 Mulberry FL 24 33860	27 City & State 28 Mulberry FL 29 33860
25 Polk	30 Polk

9. Name and Address of Current Registered Agent TURNER, JAMES R 2114 CAMILLA LAKELAND FL 33801	10. Name and Address of New Registered Agent
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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 James R. Turner, President - James A. Turner 7-21-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JAMES R	1.2 NAME	Turner James R
STREET ADDRESS	2114 CAMILLA	1.3 STREET ADDRESS	625 N Prairie Ind Pkwy
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, SANDRA G	2.2 NAME	Turner, Sandra G
STREET ADDRESS	2114 CAMILLA	2.3 STREET ADDRESS	625 N Prairie Ind Pkwy
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Sandra B. Mortham 7/21/97 941-425-4563
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone # 0002005

CR2E034 (4/97)