

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P9500048637**
1. Corporation Name
TURN KEY MAINTENANCE AND CONSTRUCTION CORP.

Principal Place of Business
**5022 Fairfax Drive East
Lakeland, Florida 33813**

Mailing Address
**5022 Fairfax Drive East
Lakeland, Florida 33813**

2. Principal Place of Business 21 6025 County Road 640 Suite, Apt. #, etc.		2a. Mailing Address 26 Post Office Box 1432 Suite, Apt. #, etc.		3. Date Incorporated or Qualified May 31, 1995		3a. Date of Last Report	
22 City & State 23 Mulberry, Florida Zip 24 33860		28 City & State Mulberry, Florida Zip 29 33860		4. FEI Number 65-0587092		Applied For Not Applicable	
25 Polk		30 Polk		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**John Paul Parks
Wendel, Chritton & Parks, Chartered
5300 South Florida Avenue
Lakeland, Florida 33813**

10. Name and Address of New Registered Agent

81 Name
Betty J. Eason
82 Street Address (P.O. Box Number is Not Acceptable)
6310 Snow Road
83
84 City
Lakeland, FL 85 Zip Code
33811

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

Betty J. Eason

Betty J. Eason

Aug 2 1996

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tami Lynn Upchurch			1.2 NAME	Betty J. Eason		
STREET ADDRESS	5022 Fairfax Drive East			1.3 STREET ADDRESS	6310 Snow Road		
CITY-ST-ZIP	Lakeland, Florida 33813			1.4 CITY-ST-ZIP	Lakeland, Florida 33811		
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Emery E. Eason			2.2 NAME	Betty J. Eason		
STREET ADDRESS	6310 Snow Road			2.3 STREET ADDRESS	6310 Snow Road		
CITY-ST-ZIP	Lakeland, Florida 33811			2.4 CITY-ST-ZIP	Lakeland, Florida 33811		
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bruce C. Upchurch			3.2 NAME	Betty J. Eason		
STREET ADDRESS	5022 Fairfax Drive East			3.3 STREET ADDRESS	6310 Snow Road		
CITY-ST-ZIP	Lakeland, Florida 33813			3.4 CITY-ST-ZIP	Lakeland, Florida 33811		
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty J. Eason
Betty J. Eason

Aug 2 1996
646-6074

CR2E034 (3/96)