

**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 # P95000083928 (8)

1. Corporation Name

TURNER VENTURES, INC.



Principal Place of Business: **6711 49TH ST N
PINELLAS PARK FL 34665**
Mailing Address: **6711 49TH ST N
PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified: **11/02/1995**
3a. Date of Last Report
4. FEI Number: **45-0627453**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**TURNER, GARY A
799 E KLOSTERMAN RD #41
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name: **TURNER, GARY A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4794 INNISFILL ST.**
84 City: **PALM HARBOR** FL 85 Zip Code: **34683**

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 of the person to be registered as agent and the incorporator

Signature of Agent signature required when reporting

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES. SECRETARY + DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GARY A TURNER	
STREET ADDRESS	4794 INNISFILL	
CITY - ST - ZIP	PALM HARBOR, FL. 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES. SECRETARY + DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GARY A. TURNER	
13 STREET ADDRESS	4794 INNISFILL	
14 CITY - ST - ZIP	PALM HARBOR, FL. 34683	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	900001926389	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-08/20/96--01065--048	
63 STREET ADDRESS	***225.00	
64 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 607.0504, 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 be the same 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 17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Gary A Turner* Pres. 7/30/96 813-501-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)