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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089278 (2)

J & D LEM TURNER, INC.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt #, etc.

26

28

Principal Place of Business 9641 LEM TURNER ROAD JACKSONVILLE FL 32208

2. Principal Place of Business

Suite Apt # etc

City & State

22

23

10922 WINDY GALE DRIVE WEST JACKSONVILLE FL 32218-4432

**FILED** Apr 11 1997 8:00am Secretary of State



3. Date incorporated or Qualified 11/21/1995

59-3348592

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

04/30/1996

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

904-768-1102

Not Applicable

Zipi	Country	Zip	Cou	intry		B. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Ftorida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent						
	er, Euot j			81	Name				
3974 WOODCOCK DRIVE, SUITE 100				<b>B2</b>	82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32207					i		·		
				в3					
				84	City		85	Zip C	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 for holb, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE :			Gore n	<del></del> -					
12.	a 2019) de percenta la legione de la 2019 (de la compaño de la 2019).	DESCRIPTIONS	(NOTE Registere	d Age	ent signature require	ed when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12
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NAME	WOOD, JANICE T		12 N						
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CHY-51-70	JACKSONVILLE FL 32218				T-ZIP				1
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NGME	WOOD, DONALD R	<del></del>	2.2 N					. •	
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NAME			5.2 N	AME					
SURFEL ACRORESS			5.3 S	TREET	ADDRESS				{
CITY ST 74P				ITY - S	iT-ZIP				
THUE		DELE	TE 6.1 T	TLE			CI	hange	☐ Addition
NAME			62 N	AME					}
STREET ADDRESS			6.3 S	TREET	ADDRESS				
City St 2+					ST-ZIP				
14. I do hereby certify that the information supplied with this filling 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.									