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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000089412 (7)

1. Corporation Name

TURNER CONSTRUCTION OF CENTRAL FLORIDA, INC.



Principal Place of Business

108 U.S. HIGHWAY 92
SEFFNER FL 33584

Mailing Address

108 U.S. HIGHWAY 92
SEFFNER FL 33584

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLCOMB, VICTOR W
415 S. HYDE PARK AVENUE
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME TURNER, JEFF
STREET ADDRESS 108 U.S. HIGHWAY 92
CITY - ST - ZIP SEFFNER FL

TITLE ☐ DELETE

V
NAME TURNER, SHERRY R.
STREET ADDRESS 108 US HWY 92
CITY - ST - ZIP SEFFNER FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0510804

CR2E034 (9/96)