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 # P95000089412 (7) TURNER CONSTRUCTION OF CENTRAL FLORIDA, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Place 108 U.S. HIGHW SEFFNER FL 33	VAY 92	Mailing Address 108 U.S. Highway 82 Seffner FL 33584	·				
						3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Pr	ace of Business	2a. Mailing Address	Mailing Address			11/21/1995 04/18/1996 4. FEI Number Applied For	1
21		26				59-3348577 Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
Cily & Stale)	City & State	City & State			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
Z(p)	Country 25	Zip	Coun 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes	1
	9. Name and Address of Curr		1007			10. Name and Address of New Registered Agent	1
HOL	COMB, VICTOR W			B1	Name		1
415 S. HYDE PARK AVBENUE TAMPA FL 33606				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	1
IAMI	PA PL 33000		ļ	83			1
i				B4	City	85 Zip Code	$\frac{1}{2}$
					•	FL.	
11. Pursuant to office or reagont Lar	o the provisions of Sections 607.0! egistered agent, or both, in the Sta n familiar with, and accept the obl	ID2 and 607.1508, Florida Statute of Florida. Such change was gations of, Section 607.0505, F	tes, the at authorized lorida Stat	d by utes	-named corpo the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered (d Ager	it signature require	ed when reinstating) DATE	┦_
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	96/6
1:ELF	URNER, JEFF		1.1 70		1	Change Addition	9
NAME			2 NAME 3 STREET ADORESS			R2F034	
STREET ADDRESS	APPENED PL		- 1		1		E E
CITY - ST - 7IP TITLE	The state of the s		_	1.4 City-St-ZiP 2.1 Title		☐ Change ☐ Addition	18
NAME	TURNER, SHERRY R.			2.2 NAME		and the state of t	
STREET ADDRESS	108 US HWY 92			2.3 STREET ADDRESS			1
CITY-ST-ZIF	SEFFNER FL		2. 4 C		- (Ĺ
1-Tuf		DELETE 31				Change Addition	1
NAME				32 NAME			
STREET ADDRESS			3.3 ST	REET A	ADDRESS		
CITY-SF-ZIP			3.4. C	<u> </u>	r- zip		
TITLE		☐ DELETE	4.1 (0	TLE		Change Addition	
NAME			4. 2 N	AME			1
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI		- ZIP		1
HILE		☐ DELETE	5.1 Ti			Change Addition	
NAME			5 2 NA				
STREET ADDRESS			a di		ADORESS		
CHTY - ST - ZIP		DELETE	5.4 CI		- ZIP	Change Addition	1
TITLE		☐ OFFEIF	6.1 11		ł	LI Change LI Addition	1
NAME ADMITT TO BE DE SE			6.2 NA				
STREET ADDRESS		1	- 1		ADDRESS		
14. Ldo beret	v certify that the information area	led with this filing does not qual	6.4 CI			in Section 119 07(3)(i) Florida Statutes I further certify that the	1
informatio	n indicated on this annual report of	supplemental annual report is	true and a	iccui	rate and that	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that	d –

4. I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes: I further certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lant an officer or director of the corporation or he viceiver or fusion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if charged, or on in attachment with an address.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-9 7 80848099