

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 AM 11:17

DOCUMENT # P95000092994 (9)

1. Corporation Name

TURNER'S SKYCAP SERVICES, INC.

Principal Place of Business

Mailing Address

1206 N MATANZAS AVE
TAMPA FL 33607

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TAMPA FL 33607



BK 9/12/96

3. Date Incorporated or Qualified 12/06/1995 3a. Date of Last Report

4. FEI Number 59-3340293 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, WILLIE
1206 N MATANZAS AVE
TAMPA FL 33607

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 title if applicable)

(If Officer, Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME TURNER, WILLIE
STREET ADDRESS 1206 N MATANZAS AVE
CITY-ST-ZIP TAMPA FL 33607

11 TITLE ☐ Change ☐ Addition
12 NAME 800001950948
13 STREET ADDRESS -09/19/96--01001--016
14 CITY-ST-ZIP ****225.00 ****225.00

TITLE D ☐ DELETE
NAME KELLY, JAMES N
STREET ADDRESS 1914 18TH AVE
CITY-ST-ZIP TAMPA FL 33605

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RIOLAND, KENNETH SR
STREET ADDRESS 1320 W ARCH ST
CITY-ST-ZIP TAMPA FL 33607

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Cedrick Turner
STREET ADDRESS 1206 N Matanzas
CITY-ST-ZIP Tampa, FL 33607

41 TITLE ☐ Change ☒ Addition
42 NAME Cedrick Turner
43 STREET ADDRESS 1206 N Matanzas
44 CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96 513-351-9116

CR2E034 (3/96)