SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000032870 1. Corporation Name

FILED Sep 15, 1999 8:00 am Secretary of State 09-15-1999 90009 028 ***550.00

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TURN KEY CONTRACTING, INC.					\ _				
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Principal Place of Business Mailing Address						i ideitäät tie lätta ettit aent aatis aatis aatis) (1114 1188) IBILL 1881 461	11 5681	
2504 WEST FLETCHER 2504 WEST FLETCHER									
TAMPA FL 33618 TAMPA FL 33618									
						DO NOT WRITE IN THIS SPACE			
1						3. Date Incorporated or Qualified			
						04/11/1996 4. FEI Number	Applied Fo		
	lace of Business	2a. Mailing Address					Applied Fo		
21	and the same		26			59-3418998	\$8.75 Additiona		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├ ─			5. Certificate of Status Desired	Fee Required	a)	
22			City & State			- Floring Council Financian	\$5.00 May Be		
City & State	e	— `	—¬			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	,	
23 Zin	Country	Zip	Zip Country			8 This corporation owes the current year	Added to 1 000	\neg	
Zip	— <u> </u>	29	30	,,	Intangible Personal Property.		Yes No		
24	9. Name and Address of Curre		30			10 Name and Address of New Registered		\neg	
	g. Name and Address of Curr	ant itegratered Agent		81	Name	10.		\neg	
SMI	TH, MARY			1					
	4 WEST FLETCHER			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	/IPA FL 33618		-	83					
			•	٦٠					
•				84	City	FI	85 Zip Code		
<u> </u>							anging its registered	-	
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.									
agent. (a	am familiar with, and accept the obli	igations of, section 607.0505, FI	lorida Statu	rtes.				1	
SIGNATURE .			OTE D.			guired when reinstating) DATE		·	
	Signature, typed or printed name of registered ac	gent and title if applicable. (N AND DIRECTORS	13.	au Age	ant signature ret	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 1	12	
TITLE	P	DELETE	1.1 101	E		ADDITIONO/ONANOLO TO OTT GENEVAL		dition	
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NAME					DORESS				
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CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify for		ction 119.07(3)(i), Florida Statutes. I further certify t	hat the information				
,						and the control of th		- 1	

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

9/10/99