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

PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057152 (6)

TURNER INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 303 STEAMBOAT BLVD. 303 STEAMBOAT BLVD. DAVENPORT FL 33837 DAVENPORT FL 33837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3391779 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ziρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name TURNER, COREY W 303 STEAMBOAT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **DAVENPORT FL 33837** 83 84 City Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obtaining of, Section 607.0505, Florida Statutes. office or registered agent, or both, in the State of Fig. SIGNATURE (NOTE: Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE **PSTD** 1.1 TITLE NAME TURNER, COREY W 1.2 NAME STREET ADDRESS 303 STEAMBOAT BLVD. 1.3 STREET ADDRESS **DAVENPORT FL 33837** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE ☐ Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 earliess.

SIGNATURE: ____

CITY-ST-ZIP

6.4 CITY-ST-ZIP

(407) 422-1000

FILED

Apr 28 1998 8:00am

Secretary of State