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Mar 07 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 # P96000095121 (5)

1. Corporation Name

TURNER EXPRESS, INC.

Principal Place of Business
401-A S. INDIAN RIVER DRIVE
FT PIERCE FL 34950

Mailing Address
401-A S. INDIAN RIVER DRIVE
FT PIERCE FL 34950-1530



3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 16700 Orange Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 16700 Orange Avenue
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

22 City & State

23 Fort Pierce, FL

27 City & State

28 Fort Pierce, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

24 34945

Country

25 USA

29 Zip

29 34945

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FEE, FRANK H III
401-A S. INDIAN RIVER DRIVE
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
JOHN W. TURNER
82 Street Address (P.O. Box Number is Not Acceptable)
16700 Orange Avenue

83

84 City

Fort Pierce

FL

85 Zip Code

34945

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

JOHN W. TURNER

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TURNER, JOHN W.
STREET ADDRESS 16700 ORANGE AVE.
CITY - ST - ZIP FT PIERCE FL 34945

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVST ☐ Change ☒ Addition
1.2 NAME TURNER, JOHN W.
1.3 STREET ADDRESS 16700 Orange Avenue
1.4 CITY - ST - ZIP Fort Pierce, FL 34945

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

JOHN W. TURNER 3-3-97 561-464-9793

Date

Daytime Phone #

CR2E034 (9/96)