

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024697 (9)
 1. Corporation Name
TURNKEY INSURANCE SERVICES, INC.



Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE C-5 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE C-5 CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2310 A-Z Park Road Suite, Apt. #, etc		2a. Mailing Address 26 P. O. Drawer 988 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/19/1997	
22 City & State Lakeland, FL		27 City & State Lakeland, FL		4. FEI Number 59-3447183	
24 Zip 33801		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28 Zip 33802		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent TAYLOR, ELIZABETH A 1700 MCMULLEN BOOTH ROAD SUITE C-5 CLEARWATER FL 34619				10. Name and Address of New Registered Agent			
				81 Name William B. Bull			
				82 Street Address (P.O. Box Number is Not Acceptable) 2310 A-Z Park Road			
				83			
				84 City Lakeland		85 Zip Code FL 33801	

11. Pursuant to the provisions of Sections 607.002 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *William B. Bull* **William B. Bull** **4-15-98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Russell, Janis L.		1.2 NAME	
STREET ADDRESS 2944 Chancery Lane		1.3 STREET ADDRESS	
CITY-ST-ZIP Clearwater, FL 34619		1.4 CITY-ST-ZIP	
TITLE V D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Taylor, Elizabeth A.		2.2 NAME	
STREET ADDRESS 2134 Grove PL		2.3 STREET ADDRESS	
CITY-ST-ZIP Clearwater, FL 34619		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Clarke, Jr., Thomas L.		3.2 NAME	
STREET ADDRESS 2310 A-Z Park Road		3.3 STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		3.4 CITY-ST-ZIP	
TITLE T D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wall, Russell L.		4.2 NAME	
STREET ADDRESS 2310 A-Z Park Road		4.3 STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bull, William B.		5.2 NAME	
STREET ADDRESS 2310 A-Z Park Road		5.3 STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ermatinger, Timothy J.		6.2 NAME	
STREET ADDRESS 2310 A-Z Park Road		6.3 STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		6.4 CITY-ST-ZIP	

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 add-on.

SIGNATURE: *William B. Bull* **William B. Bull** **4-15-98** **941-665-6060**

CR2E034 (10/97)