

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).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90010 002 *1,650.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000086469

1. Corporation Name
TURNER ENTERPRISES, INC.



Principal Place of Business: 1280 COURT STREET CLEARWATER FL 34616
 Mailing Address: 1280 COURT STREET CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1997**

4. FEI Number: **59-3471280** Applied For: Not Applicable

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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 **1079 Cephas Drive**
 Suite, Apt. #, etc.: 22
 City & State: 23 **Clearwater, FL**
 Zip: 24 **33765** Country: 25
 2a. Mailing Address: 26 **1079 Cephas Dr.**
 Suite, Apt. #, etc.: 27
 City & State: 28 **Clearwater, FL**
 Zip: 29 **33765** Country: 30

9. Name and Address of Current Registered Agent: **SCARFIA, MICHAEL J**
1280 COURT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARFIA, MICHAEL J	1.2 NAME	
STREET ADDRESS	1280 COURT STREET	1.3 STREET ADDRESS	1079 Cephas Dr.
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARFIA, MICHELLE	2.2 NAME	
STREET ADDRESS	1280 COURT STREET	2.3 STREET ADDRESS	1079 Cephas Dr.
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE: *Michelle Scarfia* 7-27-99 (727) 447-2155

CR2E034 (5/99)