---PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100492

1. Corporation Name

TURNBULL BAY, INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90044 008 \*\*\*150.00

				· · · · · · · · · · · · · · · · · · ·		1200)			
Principal Place of Business Mailing Address									
1460 OCEAN SHORE BLVD. 1460 OCEAN SHORE BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176				DO NOT WRITE IN THIS SPACE					
	•					THIS SPACE			
					3. Date Incorporated or Qualifed 11/24/1997				
2. Principal P	Principal Place of Business     2a. Mailing Address		-		4. FEI Number A		Applied For		
26				<b>59-3488643</b> Not A		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.		•			\$8.7	5 Additional			
27 27				5. Certificate of Status Desired .	Fee	Required			
City & State City & State			6. Election Campaign Financing \$5.00		<b>)0</b> May Be				
23	28				Trust Fund Contribution	Adde	ed to Fees		
Zip :	Country Zip Cou		Country	'	8. This corporation owes the current year Intangible				
24	25	25 29 30			Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent			
			81	Name	•				
HILLMAN, ROBERT L			82	Street Address	ss (P.O. Box Number is Not Acceptable)				
1460 OCEAN SHORE BLVD.			52 Street Addre		oo (c.o. box radiiboi io nochoopiablo)		***		
ORMOND BEACH FL 32176			83						
		•	84	City ·		FL 85 Z	ip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named corpor	ration submits this statement for the purpo	se of changing	its registered		
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statutes	the corporation	ration submits this statement for the purport's board of directors. I hereby accept the	appointment as	registered		
SIGNATURE							·		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				nt signature required v	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		TOPS IN 12		
12.		D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICE	Chan			
TITLE	DTS		1.1 TITLE		•				
NAME	HILLMAN, ROBERT L	•	1.2 NAME	ŀ					
STREET ADDRESS	1326 JOHN ANDERSON DR.		1.3 STREE	TADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY-S	T-ZIP		Chon	ge Addition		
TITLE .	DP	☐ DELETE	2.1 TITLE			☐ Chan	ge Addition (		
NAME	WILSON, TYREE F JR.		2.2 NAME						
STREET ADDRESS	7 CIRCLE OAK TRAIL		2.3 STREE	T ADDRESS			·		
CITY-ST-ZIP	ORMOND BEACH FL 32174		2. 4 CITY-5	ST-ZIP		·····	-		
TITLE		☐ DELETE	3.1 TITLE		•	Chan	ge 🗀 Addition		
NAME	ka i		3.2 NAME	'			İ		
STREET ADDRESS	James Grand		3.3 STREE	T ADDRESS	• •		· .		
CITY-ST-ZIP	\$ 95 km 55		3.4. CITY- S	ST-ZIP					
TITLE		. DELETE	4.1 TITLE			☐ Chan	ge 🗌 Addition		
NAME			4. 2 NAME	1					
STREET ADDRESS	·	•	4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Chan	ge Addition		
NAME			5.2 NAME						
				T ADDRESS					
STREET ADDRESS			5.4 CITY-S				}		
CITY-ST-ZiP		DELETE	6.1 TITLE		<u> </u>	☐ Chan	ge Addition		
TITLE			6.2 NAME	1	•				
NAME				TADORESS					
STREET ADDRESS	· ·				•				
CITY-ST-ZIP	Lange was the state of the		6.4 CITY-S	1-ZP					

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, with all other like empowered.

SIGNATURE: