

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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000104434 (0)

1. Corporation Name
GEORGE A. TURNER, INC.



Principal Place of Business
15255 NEW KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address
15255 NEW KINGS ROAD
JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/11/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3490322 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 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 | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent RUDD, RANDY ROUTE 3, BOX 779 JACKSONVILLE FL 32219 | | 10. Name and Address of New Registered Agent 81 Name RUDD, RANDY 82 Street Address (P.O. Box Number is Not Acceptable) ROUTE 3 BOX 779 83 HILLIARD, FL. 32046 84 City HILLIARD, FL. FL 85 Zip Code 32046 | |
|---|--|---|--|

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 BANDY W RUDD PRES. Randy W Rudd 4/6/98
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 | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, GEORGE A | 1.2 NAME | |
| STREET ADDRESS | 15255 NEW KINGS ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32219 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUDD, RANDY | 2.2 NAME | RUDD, RANDY |
| STREET ADDRESS | RTE. 3, BOX 779 | 2.3 STREET ADDRESS | RTE 3 BOX 779 |
| CITY-ST-ZIP | HILLIARD FL 32046 | 2.4 CITY-ST-ZIP | HILLIARD FL 32046 |
| TITLE | | 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 | | 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 | | 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 | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 3000024876883 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -04/14/98--01018--030 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***158.75 |

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: Randy W Rudd (BANDY W RUDD) 4/6/98 (99K) JLE HARRIS

CR2E034 (10/97)