

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90081 005 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000028996**

1. Corporation Name

**MAURICE TURGEON, INC.**

Principal Place of Business

1370 CAPRICORN BLVD.  
PT.CHARLOTTE FL 33983

Mailing Address

1370 CAPRICORN BLVD.  
PT.CHARLOTTE FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

65-0823380

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 Fees8. This corporation owes the current year intangible  
Personal Property Tax.☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business--

21 1370 CAPRICORN BLVD

2a. Mailing Address

26 1370 CAPRICORN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT CHARLOTTE

27 PORT CHARLOTTE

City &amp; State

City &amp; State

23 FL

28 FL

Zip

Country

Zip

Country

24 33983

25 CHARLOTTE

29 33983

30 CHARLOTTE

9. Name and Address of Current Registered Agent

TURGEON, LOUISE  
 1370 CAPRICORN BLVD.  
 PT.CHARLOTTE FL 33983

81 Name

LOUISE TURGEON

82 Street Address (P.O. Box Number is Not Acceptable)

1370 CAPRICORN BLVD

83 City

PORT CHARLOTTE

84 City

FL

85 Zip Code

33983

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

*Louise Turgeon*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-99

DATE

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE MAURICE TURGEON ☐ DELETE

NAME 1370 CAPRICORN BLVD

STREET ADDRESS PORT CHARLOTTE FL 33983

CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE

NAME LOUISE TURGEON

STREET ADDRESS 1370 CAPRICORN BLVD

CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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:

*M. Maurice Turgeon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

CR2E034 (1/198)