JUL-18-2003 12:03 PM TURNER TRUCKING 561 798 4822 P.01

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 25 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/25/03--01061--027 **550.00

DOCUMENT # P98000038985

1. Entity Name
TURNER TRUCKING, INC.

Principal Place of Business	Mailing Address
~~3020 FAIRLANE FARMS ROAD~~	~~3020 FAIRLANE FARMS ROAD~~
~~SUITE ONE~~	~~SUITE ONE~~
~~WELLINGTON FL 33414~~	~~WELLINGTON FL 33414~~

2. Principal Place of Business	3. Mailing Address
9938 Woodwin Lane	P.O. Box 212469
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Royal Palm Beach
Zip: 33467 Country: USA	Zip: 33421 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0845766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D'ANGIO, ROBERT A
885 ROYAL PALM BEACH BLVD.
STE. 105
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TURNER, RANDALL ~~10354 E. ALAN BLACK BLVD.~~ ~~LOXAHATCHEE FL 33470~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TURNER, RANDALL 9938 Woodwin Lane Lake Worth, FL 33467	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST TURNER, MICHELE ~~10354 E. ALAN BLACK BLVD.~~ ~~LOXAHATCHEE FL 33470~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RANDALL L. TURNER 7-18-03 561 798 5932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #