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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR -8 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092092

1. Corporation Name
Turner-Williams Construction, INC

Principal Place of Business
3210 Poinsettia Ave
West Palm Bch, FL 33407

Mailing Address
P.O. Box 2038
West Palm Bch, FL 33402-2038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/98

4. FEI Number
65-0872361

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 Tax [X] Yes [ ] No

2. Principal Place of Business
21 3210 Poinsettia Ave
Suite, Apt. #, etc.
22
City & State
23 West Palm Bch FL
Zip
24 33407 25 Country US

2a. Mailing Address
26 P.O. Box 2038
Suite, Apt. #, etc.
27
City & State
28 West Palm Bch, FL
Zip
29 33402-2038 30 Country

9. Name and Address of Current Registered Agent

LAUREL D. Williams
3210 Poinsettia Ave
West Palm Bch, FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Laurel Williams LAUREL Williams Pres 1/30/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	President [ ] DELETE
NAME	LAUREL D. Williams
STREET ADDRESS	3210 Poinsettia Ave
CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Address
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Address
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Address
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Address
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Address
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

CR2E034 (11/98)

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 added by an attachment with an address, with all other like empowered.

SIGNATURE: Laurel Williams LAUREL Williams Pres 1/30/99 561-844-5273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

TCR 3/8/99