

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25990 (0)**

1. Corporation Name
TURNER HARDWARE BEACHES, INC.



Principal Place of Business Mailing Address
4020 SOUTH 3RD STREET JACKSONVILLE FL 32250

3. Date Incorporated or Qualified 01/17/1991	3a. Date of Last Report 03/22/1995
4. FEI Number 59-2944351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 784 MARSH LANDING	2a. Mailing Address 26 784 MARSH LANDING
22 PARKWAY JACKSONVILLE FL	27 PARKWAY JACKSONVILLE, FL.
23 32250	28 32250
24 DUAL	29 DUAL
9. Name and Address of Current Registered Agent	

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 _____ DATE _____
NOTE: Registered Agent signature required when transferring

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D TURNER, MARK
STREET ADDRESS	4020 S. 3RD ST. JACKSONVILLE BEACH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D TURNER, STEVEN G.
STREET ADDRESS	5827 ARLINGTON RD. JACKSONVILLE FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D TURNER, MARY L.
STREET ADDRESS	5827 ARLINGTON RD. JACKSONVILLE FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TURNER, MARK
13 STREET ADDRESS	784 MARSH LANDING PKWY JACKSONVILLE BEACH, FL 32250
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, checked, or on an attachment with an address.

SIGNATURE: _____ DATE: **7-28-96** SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SG**

CP2E034 (12/95)