FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 7:45

TALLAHASSEE, FLORIDA

DOCUMENT # **V68180** **(1)**

1. Current Name
TURNER'S QUALITY DRYWALL INC

Principal Place of Business
401 DESOTO AVE.
DELEON SPGS. FL 32130

Mailing Address
401 DESOTO AVE.
DELEON SPGS. FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 County — 25
Zip — 29 Country — 30

4. FEI Number: **59-3144531** ☐ 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. The corporation is owned for purposes of Section 57.082, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TURNER, REBECCA J.
401 DESOTO AVE.
DELEON SPGS. FL 32130

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, ROGER L.	12 NAME	
STREET ADDRESS	401 DESOTO AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS, FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	TURNER, BECKY	22 NAME	
STREET ADDRESS	401 DESOTO AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS, FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1, 11 or 13 above or on an attachment with an address.

SIGNATURE: Rebecca J. Turner Secretary 4/28/95 904-985-0823
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Date — Telephone Number

0403514 FP