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**APPROVED
AND
FILED**

95 MAY - 1 AM 10: 26

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F92000000699 (0)

1. Corporation Name

TURBINE TECHNOLOGY SERVICES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

964A ROUTE 146
CLIFTON PARK NY 12065
US

964A ROUTE 146
CLIFTON PARK NY 12065
US

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

06/21/1994

4. FFL Number

14-1664793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THORNTON, ANTHONY
6965 UNIVERSITY BLVD
WINTER PARK FL 32792**

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 607.1509, Florida Statutes, the above named corporation submits the 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: **CT**
NAME: **DAVIS, DANIEL L**
STREET ADDRESS: **334 OLD BALLSTON AVENUE**
CITY, ST, ZIP: **BALLSTON SPA NY 12020**

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:

TITLE: **VCP**
NAME: **GRAMATIKAS, GEORGE F**
STREET ADDRESS: **1746 CARILLON PK. DR**
CITY, ST, ZIP: **OVEIDO FL**

5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:

TITLE: **DVS**
NAME: **THORNTON, ANTHONY**
STREET ADDRESS: **3242 LORDMALL CT**
CITY, ST, ZIP: **OVEIDO FL**

9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

21. TITLE: Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 I am not an officer or director with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expired Date