

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F92000000699 (0)**

1. Corporation Name

**TURBINE TECHNOLOGY SERVICES CORPORATION**



Principal Place of Business

Mailing Address

964A ROUTE 146  
 CLIFTON PARK NY 12065  
 US

964A ROUTE 146  
 CLIFTON PARK NY 12065  
 US

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI 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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CT**  DELETE

NAME **DAVIS, DANIEL L**  
 STREET ADDRESS **334 OLD BALLSTON AVENUE**  
 CITY - ST - ZIP **BALLSTON SPA NY 12020**

TITLE **VCP**  DELETE

NAME **GRAMATIKAS, GEORGE F**  
 STREET ADDRESS **1746 CARILLON PK. DR**  
 CITY - ST - ZIP **OVIEDO FL**

TITLE **DVS**  DELETE

NAME **THORNTON, ANTHONY**  
 STREET ADDRESS **3242 LORDMALL CT**  
 CITY - ST - ZIP **OVIEDO FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

1.1 TITLE

**D**

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

**P/D/C**

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96

Date

407-677-0818

Signature

Signature Print #

CR2E034 (3/96)