

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000431 (6)

1. Corporation Name
TURNAROUND MAINTENANCE, INC.

Principal Place of Business

5200 CEDAR CREST BLVD
HOUSTON TX 77087
US

Mailing Address

PO BOX 4334
HOUSTON TX 77210-4334
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

76-0338967

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0602 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 type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PAST PST	WILHELM, DALE W	5200 CEDAR CREST BLVD HOUSTON TX		<input type="checkbox"/>
VSD VD	TUSA, DAVID P	5200 CEDAR CREST BLVD HOUSTON TX		<input type="checkbox"/>
AS	TRAN, MINH T	5200 CEDAR CREST BLVD HOUSTON TX		<input checked="" type="checkbox"/>
AT	SOLIS, H. P	5200 CEDAR CREST BLVD HOUSTON TX		<input type="checkbox"/>
D	LANELOS, N. J.	5200 CEDAR CREST BLVD HOUSTON TX		<input type="checkbox"/>
D	ENGLEBERT, ROBERT R	5200 CEDAR CREST BLVD HOUSTON TX		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
AS	FRANCO, GERALD	5200 CEDAR CREST HOUSTON, TX 77087		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	MCGREGOR, TERRY	5200 CEDAR CREST HOUSTON, TX 77087		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KRATICEK, MICHAEL J.	5200 CEDAR CREST HOUSTON, TX 77087		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 included 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (713) 641-8022

0495888

CR2E034 (9/96)