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FILED  
Apr 29 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 # F95000004456 (8)

1. Corporation Name

INTERNATIONAL TURBINE SERVICE, INC.

Principal Place of Business

1060 E. NORTHWEST HWY.  
GRAPEVINE TX 76051

Mailing Address

1060 E. NORTHWEST HWY.  
GRAPEVINE TX 76051-3703



3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

75-1678654

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 607.0502 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 relistating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC  
NAME KINCAID, THOMAS R  
STREET ADDRESS 1060 E. NORTHWEST HWY.  
CITY- ST- ZIP GRAPEVINE TX 76051

TITLE V  
NAME KOMNENOVICH, DAN  
STREET ADDRESS 7511 LEMMON AVE.  
CITY- ST- ZIP DALLAS TX 75209

TITLE S  
NAME EDGINGTON, LYNN E  
STREET ADDRESS 975 WILDWOOD  
CITY- ST- ZIP SOUTHLAKE TX 76092

TITLE D  
NAME JONES, RICHARD  
STREET ADDRESS 8117 PRESTON RD., #440 LB 18  
CITY- ST- ZIP DALLAS TX 75225

TITLE D  
NAME BOYLE, GUY  
STREET ADDRESS 1060 E. NORTHWEST HWY.  
CITY- ST- ZIP GRAPEVINE TX 76051

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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 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 changed, or on an attachment with an address.

SIGNATURE:

Lynn Edgington  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

Daytime Phone #

AMPRD P 565 415 225

0607328

CP2E034 (9/96)