

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H95903 (1)
1. Corporation Name
TURBINE GENERATOR MAINTENANCE, INC.



Principal Place of Business 4635 CORONADO PARKWAY, SUITE 7 CAPE CORAL FL 33904	Mailing Address 4635 CORONADO PARKWAY, SUITE 7 CAPE CORAL FL 33904-8809
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3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2637238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30			
9. Name and Address of Current Registered Agent COLLINS, ANTHONY VERNON 4635 CORONADO PKWY., STE. 7 CAPE CORAL FL 33904				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME COLLINS, ANTHONY VERNON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15031 PUNTA RASSA RD. #1006	CITY-ST-ZIP FT. MYERS FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE S	NAME BARNES, PATRICIA A	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5127 DEL PRADO BLVD.	CITY-ST-ZIP CAPE CORAL FL	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE		2.3 STREET ADDRESS SDTZ, PATRICIA A. 4911 SW 3RD AVE. CAPE CORAL, FL 33914	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/19/97** **941-549-7500**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)