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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H95903

FILED May 28 1997 8:00am Secretary of State

Turbine Generator Maintenance, Inc.								i					
Principal Place of Business Mailing Address													
SUITE '	7	PARKWAY											
CAPE CORAL, FL 33904									3. Date Incorporated or Qualified 01/27/86		ate of Last 2/27/		
2. Principal Place of Business			<u> </u>	2a. Mailing Address					4. FEI Number			Applied For	
Suite, Apt. #. etc.			[26]	Suite, Apt. #, etc					59-2637238			Not Applicable	<u>}</u>
22			27	27					5. Certificate of Status Desired			Additional Required	
City & Stat	le		— 	City & State					6. Election Campaign Financing	·		O May Be	┥
23			28	 					Trust Fund Contribution			o may be d to Fees	
Zip		Country		Zip	Co	untry	,		8. This corporation has liability for i	intangible	tax unde		7
24		25	. 29		30				Florida Statutes	Yes [□ No		╛
		and Address of Curr	rent Regis	stered Agent		B1	l Mana		10. Name and Address of New Re	gistered	Agent		4
-	-	n Collins				"	Name						
4635 Coronado Parkway						82	Street A	Addres	ddress (P.O. Box Number is Not Acceptable)				
Suite 7						83							4
Cape Co	or al, F	L 33904											
						84	City			FL	85 Z	o Code	7
11. Pursuant office or ragent, ta	to the provis registered ag im familiar w	ions of Sections 607.0 pent, or both, in the Sta lth, and accept the ob-	502 and 6 ite of Flori ligations o	07.1508, Florida Statu da. Such change was if, Section 607.0505, Fl	tes, the s authorize orida Sta	bove d by tutes	e-named the corp	corpor	ation submits this statement for the p n's board of directors. I hereby accep	ourpose of	changing cintment	its registered as registered	
SIGNATURE							•						
	Signature, lyped	or printed name of registered			E. Registere	d Age	etulangra in	required	when reinstating)	DATE			┛
12.				^*^^	4.0				400/5/01/01/01/01/01				
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TITLE		ins, Anthony		DELETE	117				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change		90/0/
TITLE NAME	© 11		/ Vern	DELETE non	1 F T	IAME	ADDRESS		ADDITIONS/CHANGES TO OFFIC	ERS AND			734 (9/9K
TITLE NAME STREET ADDRESS	℃ 11 1503	ins, Anthony	/ Vern sa Roa	DELETE non nd #1006	1 1 T 1.2 N 1.3 S	IAME TREET	ADDRESS		ADDITIONS/CHANGES TO OFFIC	ERS AND			DEN34 19/96
TITLE NAME	℃ 11 1503	ins, Anthony 1 Punta Rass	/ Vern sa Roa	DELETE non nd #1006	1 1 T 1.2 N 1.3 S	IAME TREET			ADDITIONS/CHANGES TO OFFIC	CERS AND		Addition	CROFINSA (9/96)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coll 1503 Fort Sotz	ins, Anthony 1 Punta Rass Myers, FI , Patricia A	Vernsa Roa 33908	DELETE non nd #1006	11T 12N 13S 14C	IAME TREET . HTV-SI			ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	Addition	CROFINA (9/96)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Coll 1503 Fort Sotz 4911	ins, Anthony 1 Punta Rass Myers, FI , Patricia A S.W. 3rd Av	Vernsa Roa 33908	DELETE ACI #1006 XX DELETE	1 F T 1.2 N 1.3 S 1.4 C 2 1 T 2.2 N	IAME TREET . HTLE IAME			ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	Addition	CROFINSA 19/96
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• I do nereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

(941) 542-4000