

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:38

DOCUMENT # K85195 (1)

1. Corporation Name

PREVENTIVE POWER PLANT MAINTENANCE, INC.

Principal Place of Business

% HERB FYFFE
14701 SUNSET LN
FT LAUDERDALE FL 33330-3415

Mailing Address

% HERB FYFFE
14701 SUNSET LN
FT LAUDERDALE FL 33330-3415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1989

3a. Date of Last Report

06/28/1994

4. FEI Number

65-0115590

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23

Zip

Country

24

Zip

Country

25

28

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FYFFE, HERB
14701 SUNSET LN
FT LAUDERDALE FL 33330

81 Name

Thomas Fyffe

82 Street Address (P.O. Box Number is Not Acceptable)

14701 Sunset Lane

83

84 City

Fort Lauderdale

FL

85 Zip Code

33330

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

Tom Fyffe Tom Fyffe

3-30-95

(Signature typed or printed name of the person signing and the date)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FYFFE, HERB
STREET ADDRESS 14701 SUNSET LN
CITY, ST, ZIP FT LAUDERDALE FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE FYFFE, THOMAS
NAME
STREET ADDRESS 14701 Sunset Lane
CITY, ST, ZIP Fort Lauderdale, FL 33330

2.1 TITLE DP ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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)(b), 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: X

Tom Fyffe Tom Fyffe

33095

305 4340280

(Signature typed or printed name of signing officer or director)

DATE

(Signature typed or printed name of signing officer or director)