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FILED

Apr 25 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 # L00501

(1)

1. Corporation Name
TURBINE VESSELS INC.

Principal Place of Business

4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 33962

Mailing Address

4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 34112-7337

3. Date Incorporated or Qualified

07/07/1989

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0142042

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

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

LENNANE, JAMES P.
4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 33962

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LENNANE, JAMES PATRICK
STREET ADDRESS 4228 GORDON DR.
CITY, ST, ZIP NAPLES FL 33940
☐ DELETE

TITLE S
NAME LENNANE, SUSAN KAHL
STREET ADDRESS 4228 GORDON DR.
CITY, ST, ZIP NAPLES FL 33940
☐ DELETE

TITLE T
NAME BYOUK, BETTE
STREET ADDRESS 7032 PELICAN BAY BLVD 104
CITY, ST, ZIP NAPLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Bette Byouk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bette Byouk Treasurer

4-21-97

941 732-5500

Date Daytime Phone

CR2E034 (9/96)