

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L38989** (4)

1. Corporation Name

TURBINE CONSULTANTS OF FLORIDA, INC.



Principal Place of Business

**410 WARE BLVD. #500-22
TAMPA FL 33619**

Mailing Address

**410 WARE BLVD. #500-22
TAMPA FL 33619**

3. Date Incorporated or Qualified
12/22/1989

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 1301 KING Rd.

2a. Mailing Address

26 1301 KING Rd

4. FET Number

59-2969550

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 TAMPA FL

City & State

28 TAMPA FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

24 33605

Zip Country

29 33605

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIGH, MICHAEL L.
410 WARE BLVD. SUITE #500-22
SUITE 180
TAMPA FL 33619**

81 Name

MICHAEL L. LEIGH

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

83 1301 KING Rd.

84 City **TAMPA**

FL

85 Zip Code
33605

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 *Michael L. Leigh*

Signature, typed or printed name of registered agent on this form only.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D RASMUSSEN, DAVID M.**
STREET ADDRESS **5405 N 118 CT**
CITY-ST-ZIP **MILWAUKEE WI**

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

TITLE ☐ DELETE
NAME **DV LEIGH, MICHAEL L.**
STREET ADDRESS **410 WARE BLVD. #500-22**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1301 KING RD.**
2.4 CITY-ST-ZIP **TAMPA FL 33605**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4-23-96 **745278100**

Daytime Phone **56-3-1-91**

CR2E034 (12/95)