

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L94179 (3)**

1. Corporation Name  
**TURBINTECH, INC.**



Principal Place of Business Mailing Address  
**13780 OXBOW RD.  
FORT MYERS FL 33905** **13780 OXBOW RD.  
FORT MYERS FL 33905**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**08/15/1990** **05/31/1995**  
4. FEI Number Applied For  
**65-0213556** 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

**9. Name and Address of Current Registered Agent**

**ARCHIBALD, THEODORE BRUCE  
13780 OXBOW ROAD  
FORT MYERS FL 33905**

**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 fee, if applicable.

(If not Registered Agent, signature required when reappointing)

(Date)

**12. OFFICERS AND DIRECTORS** ☐ DELETE  
TITLE **CPD**  
NAME **ARCHIBALD, THEODORE B**  
STREET ADDRESS **13780 OXBOW RD**  
CITY-ST-ZIP **FORT MYERS FL**  
TITLE ☐ DELETE  
NAME **VT**  
STREET ADDRESS **ARCHIBALD, FRANCES JUNE**  
CITY-ST-ZIP **13780 OXBOW ROAD**  
**FT. MYERS FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12** ☐ Change ☐ Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:**

*Theodore B. Archibald*

**Theodore B. Archibald**

**7/19/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc. # **941-693-0954** Originals Return #

CR2E034 (3/96)