## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P92000009498 (6) TURBINE SOLUTIONS, INC. Principal Place of Business Mailing Address 21125 CORTEZ BLVD 21125 CORTEZ BLVD **BROOKSVILLE FL 34601 BROOOKSVILLE FL 34601** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-037-1884 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes D No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARBOUR, SCOTT JoHNSton 7351 CASTLEBERRY DR 62 WEBSTER FL 33597 83 84 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. 2/19/98 SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CICEO PST DELETE Change Addition TITLE 1.1 TITLE BARBOUR, SCOTT soft G. BARbour NAME 1.2 NAME 21125 CORTE & BLVD. 7351 CASTLEBERRY DR STREET ADDRESS 1.3 STREET ADDRESS WEBSTER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE HERMAN A.VIDAC NAME 2.2 NAME 21125 CORTEZ STREET ADDRESS 2.3 STREET ADDRESS BROOKS WILE, FLORIDA 34601 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

Block 12 or Block 13 if changed, or on an attachment with an 2/13/48 (352) 799-7000 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I 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

NAME

STREET ADDRESS

CITY-\$T-ZIP