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

Mailing Address 852 JUBILEE ST

2a. Mailing Address

Suite, Apt. #, etc.

26

MELBOURNE FL 32940-7682

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

852 JUBILEE ST MELBOURNE FL 32940

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068545 (3)

BRANDON TURBINE UTILITY SERVICES, INC.

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **81** .Name BRANDON, RONALD E 652 JUBILEE ST 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32940** 63 64 City 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 are familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ___ Change Addition TITLE 1.1 TITLE BRANCLON, RON NAME 12 NAME 652 JUBILEE ST 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CHTY-\$1-ZIP DHY-SY-ZIP Change TITLE DELETE 2.1 TITLE Indition I MACGREGOR, JIM 2.2 NAME NAME **5211 PAVILION CT** STREET ADDRESS 2.3 STREET ADDRESS FAIRFIELD CA CITY - ST - ZIP 2. 4 City-S1-ZiP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition THUE 4.1 TITLE NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY -ST - 712 44 CHY-ST-ZIP DELETE Change Addition 51 TITLE THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED Jan 27 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/01/1996

1-16-97 407 259 9637
Date Dayline Phone #

0105060

3. Date Incorporated or Qualified

5. Certificate of Status Desired

10/01/1993

59-3200777

4. FEI Number