

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060198 (6)

1. Corporation Name

TURBINE PARTS SERVICES, INC.

Principal Place of Business

723 FOREST SHORES DRIVE
MARY ESTHER FL 32569

Mailing Address

723 FOREST SHORES DRIVE
MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

City & State

23

Zip

Country

2a. Mailing Address

26

P. O. Box 261

Suite, Apt. #, etc

27

City & State

28

Mary Esther, FL

29

32569

Country

30

4. FEI Number

59-3262800

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

9. Name and Address of Current Registered Agent

RAIA, PHILIP L
723 FOREST SHORES DRIVE
MARY ESTHER FL 32569

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 the address at which the agent can be reached)

(Signature, typed or printed name of registered agent and the address at which the agent can be reached)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
RAIA, PHILIP L
STREET ADDRESS
723 FOREST SHORES DRIVE
CITY, ST, ZIP
MARY ESTHER FL 32569

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or Block 14 or on an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

Philip RAIA

4/9/95

904-581-5140

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

1995 APR 14 PM 1:10

TALLAHASSEE, FLORIDA

200001457472
-04/14/95--01118--015
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000060321 (4)

1. Corporation Name

THE PRANDTL GROUP, INC.

Principal Place of Business

**620 DOUGLAS AVE
ALTAMONTE SPRINGS FL**

Mailing Address

**620 DOUGLAS AVE
ALTAMONTE SPRINGS FL**

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

SUITE 1308

City & State

23

Zip

32714

Country

2a. Mailing Address

25

Suite, Apt. #, etc

SUITE 1308

City & State

28

Zip

32714

Country

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

**LIPELES, JAY L
316 SPRING RUN CIR
LONGWOOD FL 32707**

*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 date of appointment)

(If 311. Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LIPELES, JAY L
STREET ADDRESS	316 SPRING RUN CIR
CITY ST ZIP	LONGWOOD FL 32707
TITLE	VTD
NAME	BAKER, E. BRUCE
STREET ADDRESS	185 W SPRING LAKE DR
CITY ST ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	☐ Change ☐ Addition

**TAW
4/14/95**

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)(b), 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 this 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:

E. B. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 407-862-2158

Date

Telephone Number