

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90011 036 \*\*\*150.00

DOCUMENT # P94000080193

1. Corporation Name

TURBINE DESIGN, INC.

Principal Place of Business

1340 FLIGHTLINE BLVD  
DELAND FL 32724  
US

Mailing Address

1340 FLIGHTLINE BLVD  
DELAND FL 32724  
US

2. Principal Place of Business

2a. Mailing Address

21 1335 SARATOGA ST  
Suite, Apt. #, etc.

26 1335 SARATOGA ST  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELAND

28 DELAND

24 32724 25 USA

29 32724 30 USA

9. Name and Address of Current Registered Agent

KARLSEN, DOUGLAS  
1340 FLIGHTLINE BLVD  
DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

59-3278817

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

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

32724

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D KARLSEN, DOUGLAS  
STREET ADDRESS  
608 N. McDONALD AVENUE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE ☐ DELETE

NAME  
T KARESEN, JACQUELINE  
STREET ADDRESS  
608 N McDONALD AVE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE ☒ DELETE

NAME  
D JAWORSKI, REGINALD  
STREET ADDRESS  
1340 FLIGHTLINE BLVD  
CITY-ST-ZIP  
DELAND FL 32724

TITLE ☒ DELETE

NAME  
VP BODIFFEE, VICTOR  
STREET ADDRESS  
1340 FLIGHTLINE BLVD  
CITY-ST-ZIP  
DELAND FL 32724

TITLE ☒ DELETE

NAME  
D ORRIOLS, MS ALINA  
STREET ADDRESS  
14501 S W 94TH CT  
CITY-ST-ZIP  
MIAMI FL 33176

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. DOUGLAS KARLSEN 1/4/99 9047368262

CR2E034 (1/98)