

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90136 019 ***150.00

DOCUMENT # P95000088348

1. Corporation Name

INDUSTRIAL TURBINE SUPPORT, INC.

Principal Place of Business

3910 RCA BLVD. STE 1008
PALM BEACH GARDENS FL 33410
US

Mailing Address

3910 RCA BLVD. STE. 1008
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1995

4. FEI Number

65-0622850

Applied For

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LADD, MICHAEL
3910 RCA BLVD., SUITE 1008
PALM BEACH GARDENS FL 33410

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NANGLE, THOMAS J	
STREET ADDRESS	23 S RIDGEVIEW RD	
CITY-ST-ZIP	STUART FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	O'NEILL, FRANCIS	
STREET ADDRESS	1085 ROBLE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	LADD, MICHAEL A	
STREET ADDRESS	1095 ROBLE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Thomas J. Nangle	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	23 S. Ridgeview Rd.		
1.3 STREET ADDRESS	Stuart, FL		
1.4 CITY-ST-ZIP			
2.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	O'Neill, Francis		
2.3 STREET ADDRESS	2103 Cove Lane		
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL		
3.1 TITLE	Sr. Vice President / Sect. / Treas. / Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Ladd, Michael A.		
3.3 STREET ADDRESS	1095 Roble Way		
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 561-626-8900

CR2E034 (1/98)

0329642