

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:23

DOCUMENT # **550090** (5)

1. Corporation Name
COMPRESSED AIR SYSTEMS, INC.

Principal Place of Business Mailing Address
9003 STANNUM STREET **9003 STANNUM STREET**
TAMPA FL 33619 **TAMPA FL 33619**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1977	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1778823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANEY, DAVID A. SUITE 2919, FIRST FINANCIAL TOWER TAMPA FL 33602		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 607.0802 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) _____ (Printed Name of Registered Agent and Title, if applicable) _____ (Printed Name of Registered Agent and Title, if applicable) _____ (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RICHARD G.	12 NAME	
STREET ADDRESS	6806 VALERIE LANE	13 STREET ADDRESS	
CITY, ST, ZIP	RIVERVIEW FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, WALTER H.	22 NAME	
STREET ADDRESS	3004 ROLLING ACRES PLACE	23 STREET ADDRESS	
CITY, ST, ZIP	VALRICO FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, NANCY A.	32 NAME	
STREET ADDRESS	208 N.E. 1ST STREET	33 STREET ADDRESS	
CITY, ST, ZIP	MULBERRY FL	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PEGGY J.	42 NAME	
STREET ADDRESS	6806 VALERIE LANE	43 STREET ADDRESS	
CITY, ST, ZIP	RIVERVIEW FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.07(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. I am an officer or director of the corporation or the recipient of future correspondence 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: *Nancy A. Hall* **NANCY A. HALL** 1-12-95 813-626-8177
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)