

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41873 (7)

1. Corporation Name

COMPRESSOR SUPPLY AND ENGINEERING, INC.

Principal Place of Business

1358 W. NEWPORT CTR. DR.
P. O. BOX 25173 (ZIP 33320)
DEERFIELD BCH FL 33442-7777
US

Mailing Address

1358 W. NEWPORT CTR DR.
P. O. BOX 25173 (ZIP 33320)
DEERFIELD BCH FL 33442-7777
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1986

3a. Date of Last Report

06/07/1994

4. FEI Number

59-2737306

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, JOHN R JR.
1358 W. NEWPORT CTR. DR.
DEERFIELD BCH FL 33442

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 in full of registered agent and filed signature

(607.1508 Registered Agent signature required when substituted)

(607.1508)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CHAPMAN, JOHN R., SR.
STREET ADDRESS	2200 S OCEAN LANE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	DV
NAME	KISSANE, WILLIAM F.
STREET ADDRESS	6816 NW 28TH WAY
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	DP
NAME	CHAPMAN, JOHN R., JR.
STREET ADDRESS	4790 N.W. 114TH AVENUE
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information contained 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 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition to Block 13 if added.

SIGNATURE:

SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

305-422-9850
Telephone Number