

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V21910** (7)

1. Corporation Name  
**AUTO COMPRESSORS, INC.**



Principal Place of Business  
**210 MAGNOLIA STREET  
NEW SMYRNA BEACH FL 32168  
US**

Mailing Address  
**PO BOX 1201  
NEW SMYRNA FL 32170  
US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>03/16/1992</b>	<b>04/20/1995</b>
4. FEI Number	Applied For
<b>59-3115496</b>	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. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent  
**SMITH, JAMES WILLIAM SR.  
1101 NORTH DIXIE FREEWAY  
NEW SMYRNA BCH FL 32168**

10. Name and Address of New Registered Agent  
81 Name **SMITH, JAMES WILLIAM SR**  
82 Street Address (P.O. Box Number is Not Acceptable) **210 Magnolia Street**  
83 City **New Smyrna Beach, FL 32168**  
84 Zip Code **FL 32168**

11. Pursuant to the provisions of Sections 607.0602 and 607.150A, Florida Statutes, the above named corporation's agents has statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GALERNO, WILLIAM G.</b>	
STREET ADDRESS	<b>2309 KUMQUAT DRIVE</b>	
CITY, ST, ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WRIGHT, ALLEN J.</b>	
STREET ADDRESS	<b>18939 4TH AVENUE</b>	
CITY, ST, ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SMITH, JAMES WILLIAM SR.</b>	
STREET ADDRESS	<b>264 BOUCHELLE DRIVE</b>	
CITY, ST, ZIP	<b>NEW SMYRNA BCH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>Pres</b>		
13 STREET ADDRESS			
14 CITY, ST, ZIP			
21 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>WRIGHT, ALLEN J.</b>		
23 STREET ADDRESS	<b>1009 Flagler</b>		
24 CITY, ST, ZIP	<b>Edgewater, FL. 32132</b>		
31 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>SMITH, JAMES WILLIAM SR</b>		
33 STREET ADDRESS	<b>466 Bouchelle Dr. #103</b>		
34 CITY, ST, ZIP	<b>New Smyrna Beach, FL. 32168</b>	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SMITH**

904 428 5586

CR2E034 (12/95)