

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V33576** (2)

1. Corporation Name
UNITED COMPRESSOR, INC.



Principal Place of Business

~~3630 CONSUMER STREET~~
~~1110~~
~~RIVIERA BEACH FL 33404~~

Mailing Address

P.O. BOX 14074
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified
05/04/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **8111 GARDEN ROAD**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite A**

27

City & State

City & State

23 **Riviera Beach, FL**

28

Zip

Country

Zip

Country

24 **33404**

25

USA

29

30

4. FEI Number
65-0336960

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHALEN, TIMOTHY L.
400 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401**

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**
NAME **SPARTICHIND, KATHY L**
STREET ADDRESS **3630 CONSUMER ST.**
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

☐ DELETE

TITLE **VST**
NAME **SPARTICHIND, ALFRED D**
STREET ADDRESS **3630 CONSUMER ST**
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SPARTICHIND, KATHY L**
1.2 NAME **8111A Garden Rd.**
1.3 STREET ADDRESS **Riviera Beach, FL 33404**
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE **UST**
2.2 NAME **ALFRED D. SPARTICHIND**
2.3 STREET ADDRESS **8111A Garden Rd.**
2.4 CITY - ST - ZIP **Riviera Beach, FL 33404**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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: **Kathy L. Spartichind**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

407/842-3312
Design Phone #

CR2E034 (12/95)