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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H29969 (3)**

1. Corporation Name  
**NORTON COMPRESSOR SERVICE, INC.**

Principal Place of Business	Mailing Address
<b>DESMOND F. NORTON</b> <b>59 WESTFIELD LANE</b> <b>PALM COAST FL 32137-4043</b> <b>US</b>	<b>DESMOND F. NORTON</b> <b>59 WESTFIELD LANE</b> <b>PALM COAST FL 32164-4043</b> <b>US</b>



2. Principal Place of Business	2a. Mailing Address
21 <b>1476 KENOA CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>ORMOND BEACH FL.</b> Zip Country 24 <b>32174</b> 25 <b>US</b>	26 <b>1476 KENOA CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>ORMOND BEACH FL</b> Zip Country 29 <b>32174</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>11/15/1984</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-2464417</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent

**NORTON, DESMOND F**  
~~**59 WESTFIELD LANE**~~  
**PALM COAST FL 32137**

**1476 KENOA CIRCLE**  
**ORMOND BEACH**  
**FL 32174**

10. Name and Address of New Registered Agent

81 Name <b>NORTON Desmond F</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1476 KENOA CIRCLE</b>
83
84 City <b>ORMOND BEACH</b>
85 Zip Code <b>FL 32174</b>

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, DESMOND F</b>	
STREET ADDRESS	<b>1 PENNDAL PL</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>VPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, JOHN V</b>	
STREET ADDRESS	<b>3944 CREE DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE:  **V.P. Sec & Treasurer** 4/3/97 904-615-8568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)