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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36903 (5)

1. Corporation Name

INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SHERRI MEAGHER 2165 SUNNDALE BLVD., SUITE H CLEARWATER FL 34625-8211	% SHERRI MEAGHER 2165 SUNNDALE BLVD., SUITE H CLEARWATER FL 34625-8211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1990	3a. Date of Last Report: 03/31/1994
4. FEI Number: 31-1059147	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 22071 US Hwy 19 N	26: 22071 US Hwy 19 N
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Clearwater, Florida	City & State 28: Clearwater, Florida
Zip 24: 34625 Country 25:	Zip 29: 34625 Country 30:

9. Name and Address of Current Registered Agent

MEAGHER, SHERRIE
2165 SUNNYDALE BLVD, SUITE H
CLEARWATER FL 34625-8211

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 22071 US Hwy N
83: Clearwater
84 City: FL 85 Zip Code: 34625

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: Sherrie Meagher — DATE: 3/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KUFFEL, LOU 5930 1ST AVE. SEATTLE WA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, ED 1907 SALT CR. HWY. MILLS WY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMORROW, ED 5401 S 72ND ST OMAHAH NE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHUSTER, JOHN 803 PRESSLEY ROAD, #105 CHARLOTTE NC	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S Larry Powell 4651 East Date Avenue Fresno, CA 93725	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSMSELL, STEVE 121 ROYAL DRIVE FOREST PARK GA	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	P	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POWELL, LARRY 4651 E DATE AVE FRESNO CA	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Steve Rusmussell — X 3/20/95 — 404-863-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #