

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36903 (5)**  
1. Corporation Name  
**INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, INC.**



Principal Place of Business: **22071 US HWY. 19 N. CLEARWATER FL 34625 US**  
Mailing Address: **22071 US HWY. 19 N. CLEARWATER FL 34625 US**

3. Date Incorporated or Qualified: **03/01/1990**  
3a. Date of Last Report: **04/04/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>31-1059147</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MEAGHER, SHERRIE**  
**22071 US HWY. N.**  
**CLEARWATER FL 34625**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>22071 US HWY 19 N.</b>	
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Sherrie Meagher*

(NOTE: Registered Agent signature required when reinstating)

*April 10, 1996*

**FL**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUFFEL, LOU</b>	1.2 NAME	
STREET ADDRESS	<b>5930 1ST AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEATTLE WA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, ED</b>	2.2 NAME	
STREET ADDRESS	<b>1907 SALT CR. HWY.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILLS WY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMORROW, ED</b>	3.2 NAME	
STREET ADDRESS	<b>5401 S 72ND ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	3.4 CITY-ST-ZIP	<b>OMAHA</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>803 PRESSLEY ROAD, #105</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSMISELL, STEVE</b>	5.2 NAME	<b>600001786588</b>
STREET ADDRESS	<b>121 ROYAL DRIVE</b>	5.3 STREET ADDRESS	<b>-04/19/96--01012--030</b>
CITY-ST-ZIP	<b>FOREST PARK GA</b>	5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POWELL, LARRY</b>	6.2 NAME	<b>Gordon Gunning</b>
STREET ADDRESS	<b>4651 E DATE AVE</b>	6.3 STREET ADDRESS	<b>205 South River Drive</b>
CITY-ST-ZIP	<b>FRESNO CA</b>	6.4 CITY-ST-ZIP	<b>Tempe, AZ 85281</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Rusmisse* **X** *4/12/96* **404-363-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)