

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State, DIVISION OF CORPORATIONS
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**DOCUMENT # N36903 (5)**

1. Corporation Name  
**INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, I NC.**



Principal Place of Business <b>22071 US HWY. 19 N. CLEARWATER FL 34625 US</b>	Mailing Address <b>22071 US HWY. 19 N. CLEARWATER FL 34625-2364 US</b>
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3. Date Incorporated or Qualified <b>03/01/1990</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>31-1059147</b>	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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 Pennington DATE 3/13/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUFFEL, LOU</b>	
STREET ADDRESS	<b>5930 1ST AVE.</b>	
CITY-ST-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BALL, ED</b>	
STREET ADDRESS	<b>1907 SALT CR. HWY.</b>	
CITY-ST-ZIP	<b>MILLS WY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMORROW, ED</b>	
STREET ADDRESS	<b>5401 S 72ND ST</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSSELL, STEVE</b>	
STREET ADDRESS	<b>121 ROYAL DRIVE</b>	
CITY-ST-ZIP	<b>FOREST PARK GA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GUNNING, GORDON</b>	
STREET ADDRESS	<b>205 S. RIVER DR.</b>	
CITY-ST-ZIP	<b>TEMPE AZ 85281</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jack Bertelsmeyer</b>	
1.3 STREET ADDRESS	<b>201 Sun Valley Circle</b>	
1.4 CITY-ST-ZIP	<b>Fenton, MO 63026</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Woody Sansbury</b>	
2.3 STREET ADDRESS	<b>3111 So. Tryon Street</b>	
2.4 CITY-ST-ZIP	<b>Charlotte, NC 28235</b>	
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 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 Sherrie Pennington DATE 3/17/97

CP2E037 (9/96)