

FILE NOW: FILING FEE IS \$61.25

FILED

Oct 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 22071 US HWY. 19 N. CLEARWATER FL 34625 US	Mailing Address 22071 US HWY. 19 N. CLEARWATER FL 34625 US
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3. Date Incorporated or Qualified 03/01/1990	Applied For Not Applicable
4. FEI Number 31-1059147	

2. Principal Place of Business 21 412 Harbor View Lane Suite, Apt. #, etc.	2a. Mailing Address 26 412 Harbor View Lane Suite, Apt. #, etc.
22 City & State 23 Largo, FL	27 City & State 28 Largo, FL
24 Zip 33770	25 Country USA
29 Zip 33770	30 Country usa

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

81 Name Margot Gilliam
82 Street Address (P.O. Box Number is Not Acceptable) 412 Harbor View Lane
83 City Largo, FL 33770
84 City Largo
85 Zip Code FL 33770

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: *Margot Gilliam* DATE: **9/15/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUFFEL, LOU		1.2 NAME	
STREET ADDRESS 5930 1ST AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALL, ED		2.2 NAME	
STREET ADDRESS 1907 SALT CR. HWY.		2.3 STREET ADDRESS	
CITY-ST-ZIP MILLS WY		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMORROW, ED		3.2 NAME	
STREET ADDRESS 5401 S 72ND ST		3.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSMISELL, STEVE		4.2 NAME	
STREET ADDRESS 121 ROYAL DRIVE		4.3 STREET ADDRESS	D Bob Jones
CITY-ST-ZIP FOREST PARK GA		4.4 CITY-ST-ZIP	1240 W Industrial Ave
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUNNING, GORDON		5.2 NAME	
STREET ADDRESS 205 S. RIVER DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP TEMPE AZ 85281		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERTELSMEYER, JACK		6.2 NAME	
STREET ADDRESS 201 SUN VALLEY CIR.		6.3 STREET ADDRESS	VP
CITY-ST-ZIP FENTON MO		6.4 CITY-ST-ZIP	

14. I 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: *Richard J. ...* DATE: **9/15/98**

CR2E037 (10/97)