

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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2. Principal Place of Business 21 412 Harbor View Lane Suite, Apt. #, etc. 22 City & State 23 Largo, FL Zip 24 33770	2a. Mailing Address 26 412 Harbor View Lane Suite, Apt. #, etc. 27 City & State 28 Largo, FL Zip 29 33770 Country 30 USA
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3. Date Incorporated or Qualified 03/01/1990	4. FEI Number 31-1059147	Applied For <input type="checkbox"/> Not Applicable
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 Largo, FL 33770 84 City Largo FL 85 Zip Code 33770
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P RUSMISSELL, STEVE	4.2 NAME	D Bob Jones
STREET ADDRESS	121 ROYAL DRIVE	4.3 STREET ADDRESS	1240 W Industrial Ave
CITY-ST-ZIP	FOREST PARK GA	4.4 CITY-ST-ZIP	Boynton Beach, FL 33476
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP GUNNING, GORDON	5.2 NAME	P
STREET ADDRESS	205 S. RIVER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPE AZ 85281	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BERTELSMEYER, JACK	6.2 NAME	VP
STREET ADDRESS	201 SUN VALLEY CIR.	6.3 STREET ADDRESS	
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: **9/9/98**

CR2E037 (10/97)