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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36903

1. Corporation Name

INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, INC.

Principal Place of Business

412 HARBOR VIEW LANE
LARGO FL 33770
US

Mailing Address

412 HARBOR VIEW LANE
LARGO FL 33770
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

03/01/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

31-1059147

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLIAM, MARGOT
412 HARBOR VIEW LANE
LARGO FL 33770

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Margot J. Gilliam
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

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. 5625 W. Yellowstone	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILLS WY Casper WY 82604	2.4 CITY-ST-ZIP	
TITLE	D <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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BOB	4.2 NAME	
STREET ADDRESS	1240 W INDUSTRIAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33476	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input 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	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTELSMEYER, JACK	6.2 NAME	
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, with all other like empowered.

SIGNATURE: *John J. ...* SIGNATURE REQUIRED

12799

727-584-3493

Date Daytime Phone #

CR2E037 (11/98)