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Secretary of State

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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, I
NC.**

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
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 **30**

3. Date Incorporated or Qualified

03/01/1990

4. FEI Number

31-1059147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GILLIAM, MARGOT
412 HARBOR VIEW LANE
LARGO FL 33770**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **KUFFEL, LOU**
CITY-ST-ZIP **5930 1ST AVE.
SEATTLE WA**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BALL, ED**
CITY-ST-ZIP **1907 SALT CR. HWY. 5625 W. Yellowstone
MILLS WY Casper WY 82604**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCMORROW, ED**
CITY-ST-ZIP **5401 S 72ND ST
OMAHA NE**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JONES, BOB**
CITY-ST-ZIP **1240 W INDUSTRIAL AVE
BOYNTON BEACH FL 33476**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GUNNING, GORDON**
CITY-ST-ZIP **205 S. RIVER DR.
TEMPE AZ 85281**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **BERTELSMEYER, JACK**
CITY-ST-ZIP **201 SUN VALLEY CIR.
FENTON MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12799

721-584-3493

Date

Daytime Phone #

CR2E037 (11/98)