

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V21910**

**(7)**

1. Corporation Name  
**AUTO COMPRESSORS, INC.**



Principal Place of Business  
**210 MAGNOIA STREET  
NEW SMYRNA BEACH FL 32168  
US**

Mailing Address  
**PO BOX 1201  
NEW SMYRNA FL 32170-1201  
US**

<b>3.</b> Date Incorporated or Qualified <b>03/16/1992</b>	<b>3a.</b> Date of Last Report <b>04/01/1996</b>
<b>4.</b> FEI Number <b>59-3115496</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

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

**SMITH, JAMES WILLIAM SR.  
1101 NORTH DIXIE FREEWAY  
NEW SMYRNA BCH FL 32168**

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GALERNO, WILLIAM G.</b>
STREET ADDRESS	<b>2309 KUMQUAT DRIVE</b>
CITY - ST - ZIP	<b>EDGEWATER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WRIGHT, ALLEN J.</b>
STREET ADDRESS	<b>18939 4TH AVENUE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, JAMES WILLIAM SR.</b>
STREET ADDRESS	<b>264 BOUCHELLE DRIVE</b>
CITY - ST - ZIP	<b>NEW SMYRNA BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

1.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Galerno, William G.</b>
1.3 STREET ADDRESS	<b>2309 Kumquat Dr.</b>
1.4 CITY - ST - ZIP	<b>Edgewater, FL. 32141</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Wright, Allen J.</b>
2.3 STREET ADDRESS	<b>1009 Flagler Ave</b>
2.4 CITY - ST - ZIP	<b>Edgewater, FL 32132</b>
3.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Smith, James William SR</b>
3.3 STREET ADDRESS	<b>266 Bouchelle Dr</b>
3.4 CITY - ST - ZIP	<b>New Smyrna Beach, FL. 32169</b>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:** *James William Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97 904-428-5586

CR2E034 (9/96)