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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # L36345 (1)

1. Corporation Name
CIRCLE RADIATOR OF FORT MYERS INC.

Principal Place of Business	Mailing Address
4820 PALM BCH BLVD FT. MYERS FL 33905 US	4820 PALM BCH BLVD FT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1989
3a. Date of Last Report: 03/17/1994

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

4. FEI Number: 65-0160837 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'DAY, ANTHONY
1925 SE 21 TERR
CAPE CORAL FL 33990

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: _____ DATE
Type or Print Name of Registered Agent and Title if Applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PST	☒ Change ☐ Addition
NAME	O'DAY ANTHONY	12 NAME	O'DAY ANTHONY	
STREET ADDRESS	1925 SE 21 ST TERRACE	13 STREET ADDRESS	1925 SE 21ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		21 TITLE	V	☐ Change ☒ Addition
NAME		22 NAME	O'DAY DONNA	
STREET ADDRESS		23 STREET ADDRESS	1925 SE 21ST TERRACE	
CITY-ST-ZIP		24 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 of this report, or on an attachment with an address.

SIGNATURE: [signature] 3-10-95 (813) 694-1431
ANTHONY O'DAY
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132014 CP