

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V12977** (7)

1. Corporation Name
AUTO AIR & RADIATOR SERVICE, INC.



Principal Place of Business: **3008 W. STRONG STREET PENSACOLA FL 32505**
Mailing Address: **3008 W. STRONG STREET PENSACOLA FL 32505**

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

| | | | |
|----|--|---------------|--|
| 3. | Date Incorporated or Qualified 02/10/1992 | 3a. | Date of Last Report 04/27/1995 |
| 4. | FEI Number 59-3106966 | | Applied For Not Applicable |
| 5. | Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**PATTERSON, DOUG
3008 WEST STRONG STREET
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | FL 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

Signature, typed or printed name of registered agent or director (if applicable)

DATE Registered Agent's name (if not the same as above)

DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-----------------------------|--------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | PATTERSON, DOUG | |
| STREET ADDRESS | 3008 WEST STRONG ST | |
| CITY- ST- ZIP | PENSACOLA FL | |
| TITLE | V | <input type="checkbox"/> |
| NAME | CHRISTOPHER M. BROWN | |
| STREET ADDRESS | 1720 JACKS BRANCH RD | |
| CITY- ST- ZIP | CANTONMENT FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 11 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY- ST- ZIP | | | |
| 21 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY- ST- ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY- ST- ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY- ST- ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY- ST- ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 CITY- ST- ZIP | | | |

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)