

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05276

**Entity Name:** MARION RADIATOR SERVICE, INC.

**Current Principal Place of Business:**

% DIANE STONAKER  
5785 NW GAINESVILLE ROAD  
OCALA, FL 34475

**Current Mailing Address:**

% DIANE STONAKER  
5785 NW GAINESVILLE ROAD  
OCALA, FL 34475 US

**FEI Number:** 59-2040242

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STONAKER, DIANE L  
5785 NW GAINESVILLE RD  
OCALA, FL 34475 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name STONAKER, HOMER B  
Address 5785 NW GAINESVILLE RD  
City-State-Zip: Ocala FL 34475  
  
Title OPERATIONS MANAGER  
Name LANFAIR, MELVIN L  
Address % DIANE STONAKER  
5785 NW GAINESVILLE ROAD  
City-State-Zip: Ocala FL 34475

Title PRESIDENT  
Name STONAKER, DIANE L  
Address 5785 NW GAINESVILLE RD  
City-State-Zip: Ocala FL 34475

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DIANE L. STONAKER

**PRESIDENT**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date