

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Workman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 6:22

DOCUMENT # 210015

(4)

1. Corporation Name

O K RADIATOR SERVICE INC.

Principal Place of Business

DEWEY T. HOLTON, SR.
1025 E ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

DEWEY T. HOLTON, SR.
1025 E ADAMS STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1958

3a. Date of Last Report

04/26/1994

4. FEI Number

59-0578266

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

2. Principal Place of Business

21 1333 N. MAIN ST.

2a. Mailing Address

25 1333 N. MAIN ST.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FL.

28 City & State

JACKSONVILLE, FL.

24 Zip

32206

Country

29 Zip

32206

Country

9. Name and Address of Current Registered Agent

HOLTON, DEWEY T., JR.
6225 SPRING FOREST CIRCLE
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of current registered agent and time if applicable)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
ST
HOLTON, ARLENE G.
STREET ADDRESS
6400 BAY RIDGE RD
CITY, ST, ZIP
JACKSONVILLE FL

TITLE
NAME
PD
HOLTON, DEWEY T. JR.
STREET ADDRESS
6225 SPRING FOREST CIRCL
CITY, ST, ZIP
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 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(4)(b), 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 owner 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:

Arlene G. Holton

(Signature and Typed or Printed Name of Signing Officer or Director)

Arlene G. Holton

3-30-95

Date

904.354.7422

Telephone Number