

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 441289 (6)

1. Corporation Name

AUTO RADIATOR REPAIR COMPANY



Principal Place of Business

2243 12TH STREET
SARASOTA FL 34237-2806

Mailing Address

2243 12TH STREET
SARASOTA FL 34237-2806

3. Date Incorporated or Qualified
12/05/1973

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FET Number
59-1548276

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLROYD, (FRANK J. JR.)
1900 MAIN BUILDING
SARASOTA FL

81 Name ROBERT P. SHEB
82 Street Address (P.O. Box Number is Not Acceptable)
1605 MAIN ST. SUITE 705
83 POSTAL DRAWER 4275
84 City SARASOTA FL 85 Zip Code 34230

11. Pursuant to the provisions of Sections 607.0902 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 607.1505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when registering)

6-4-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PTD
FETT, ROBERT M
STREET ADDRESS 1380 FOX CREEK DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME SVD
FETT, KATHLEEN B.
STREET ADDRESS 1380 FOX CREEK DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D
FETT, KATHLEEN B.
STREET ADDRESS 1380 FOX CREEK DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kathleen B. Fett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 941-366-4002
Date
Corporate Phone #

CR2E034 (12/95)