Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90011 012 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 445909**

Corporation								
LAKE SH	ore radiator, inc.				CONTRACTOR OF STATE AND STATE OF THE STATE O			ALL ALAIL (SA)
					<u> </u>			<b>e</b> ii 41911 i <b>88</b> 1
Principal Place of Business Mailing Address								
5005 PARK ST. 5005 PARK ST.								
JACKSONVLLE FL 32205 JACKSONVLLE FL 32205					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					02/06/1974			. [
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number		App	lied For
21		26		59-1513798		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	6	\$8.75 A		
22		27		5. Certificate of oldida Bosinos	<u> </u>	Fee Rec	uired	
City & State	)	City & State			6. Election Campaign Financing	ī	`\$5.00 ⊩	· .
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country Zip Co			y	8. This corporation owes the current			
24	25	29 30	L,_		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	81	Mana	10. Name and Address of New Reg	ISTERED A	gent	
AMOC DANDALL D				Name				
AMOS, RANDALL D. 1812 COMMODORE PT. DRIVE				Street Add	ress (P.O. Box Number is Not Acceptable	)		
ORANGE PARK FL 32073								
UNANGE FARK PL 320/3				3				
				City		FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					the subsettle this statement for the pur		handing ite i	rogistered
office or re	valetored agent or both in the State (	of Florida. Such channe was autho	anzed by	/ the comoratii	on's board of directors. I hereby accept the	ne appoint	ment as reg	istered
agent. I ai	n familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statute	S.				
SIGNATURE		Alove De	A		ed when reinstating)	DATE		—
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	an agnature require	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PSD ST TIGERS ARE	☐ DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	1010 COLMACDODE DE DONE			ET ADDRESS				
-	ORANGE PARK FL		1.4 CITY-	1				
CITY-ST-ZIP			2.1 TITLE				☐ Change	Addition
NAME	LAZENBY, CLAYTON F. JR.		2.2 NAME	1				
STREET ADDRESS	488 OLD FIELD DR			ET ADDRESS				
			2.4 CITY-	1				
CITY-ST-ZIP TITLE	OTATIOL PAINTE	☐ DELETE	3.1 TITLE		<del></del>		Change	Addition
NAME		_	3.2 NAME					
l				ET ADDRESS				
STREET ADORESS:			3.4. CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				ET ADDRESS				
1			4.4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME		_	5.2 NAME	I .				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZiP				
OITT-01-20							-	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 of trustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an antachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

DELETE

904-388-9302

☐ Change

Addition