

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

APPROVED AND FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **634082** (2)

1. Corporation Name
SPAULDING RADIATOR SERVICE, INC.

Principal Place of Business: **4304 AUTUMN LEAVES DRIVE TAMPA FL 33624**
Mailing Address: **4304 AUTUMN LEAVES DRIVE TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1979**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-1929366**
Applied For: Net 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

6. This corporation has liability for intangible tax under s. 199.037, Florida Statutes: Yes No

2. Principal Place of Business: **21 5805 COTTONWOOD ST**
2a. Mailing Address: **26 5805 COTTONWOOD ST**
State, Apt. #, etc.

22 City & State: **BRADENTON, FL**
27 City & State: **BRADENTON, FL**

24 Zip: **34203** 25 Country: **FL**
29 Zip: **34203** 30 Country: **FL**

9. Name and Address of Current Registered Agent

**SLEEP, ROBERT E., JR.
4304 AUTUMN LEAVES DRIVE
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **5805 COTTONWOOD ST**
83 _____
84 City: **BRADENTON** FL 85 Zip: **34203**

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 _____

Corporation signed by chief executive officer, president, or other officer authorized to sign

Agent signed by registered agent or authorized representative

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLEEP, ROBERT E., JR.
STREET ADDRESS	4304 AUTUMN LEAVES DR.
CITY, ST, ZIP	TAMPA FL
TITLE	SD
NAME	SLEEP, IRIS ANNE
STREET ADDRESS	4304 AUTUMN LEAVES DR.
CITY, ST, ZIP	TAMPA FL
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5805 COTTONWOOD ST
14 CITY, ST, ZIP	BRADENTON, FL 34203
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	5805 COTTONWOOD ST
24 CITY, ST, ZIP	BRADENTON, FL 34203
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 199.037(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 attached, or in an attachment with an address.

SIGNATURE:

Robert E. Sleep Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT E SLEEP JR

4/25/95 (813)870-1694
Date Registered Agent