

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
 07-27-1999 90022 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 634082  
 Corporation Name

SPAULDING RADIATOR SERVICE, INC.



Principal Place of Business  
 5805 COTTONWOOD ST  
 BRADENTON FL 34203

Mailing Address  
 5805 COTTONWOOD ST  
 BRADENTON FL 34203  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/29/1979</b>	
4. FEI Number <b>59-1929366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2a. Mailing Address	26
Suite, Apt. #, etc.	27
City & State	28
Zip	29
Country	30

9. Name and Address of Current Registered Agent

**SLEEP, ROBERT E., JR.**  
**5805 COTTONWOOD ST**  
**BRADENTON FL 34203**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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.

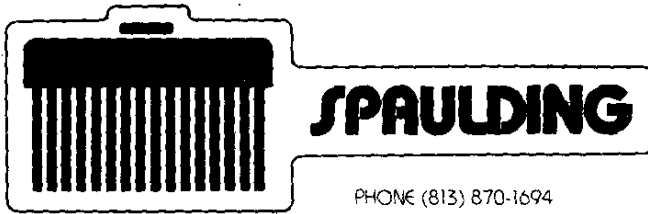
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	PD SLEEP, ROBERT E., JR. 5805 COTTONWOOD ST BRADENTON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	SD SLEEP, IRIS ANNE 5805 COTTONWOOD ST BRADENTON FL	1.2 NAME	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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 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: *Robert E. Sleep* 7/14/99 813 870-1694

CR2E034 (5/99)



4024 WEST CREST AVENUE, TAMPA, FLORIDA 33614

634082  
596446-90022-3E

5805 Cottonwood St.  
Bradenton, FL  
July 14, 1999

Division of Corporations  
Attn: Annual Report Filing  
P.O. Box 6327  
Tallahassee, FL 32314

**Subject: 1999 Profit Corporation Annual Report**

To whom it may concern:

The enclosed completed Annual Report and check in the amount of \$150.00 are supplied on the advice of a telephone contact at the Department of State. We have filed timely reports since 1979 and intended no delay this year. We can find no first notice copy of this report and understand that some mailings may have been misdirected.

If the enclosed form and check are deemed unsatisfactory, please advise accordingly. Otherwise we will assume that this action meets the requirements for the 1999 report filing.

Sincerely,

Robert E. Sleep, Jr.