

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # F96000000847 (1)

1. Corporation Name

A-C RADIATOR WAREHOUSE, INC.



Principal Place of Business

1903 S. MONROE
TALLAHASSEE FL 32301

Mailing Address

1903 S. MONROE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

58-2210219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PATE, KIMBERLY C~~
1903 S MONROE
TALLAHASSEE FL 32301

81

Name

Kim C Copeland

82

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

Same

83

City

84

City

FL

85

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 Kim C Copeland V. Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09-28-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME PATE, KIMBERLY C

STREET ADDRESS 1778 WAYLAND PARK DRIVE

CITY-ST-ZIP VALDOSTA GA 31601

TITLE S ☐ DELETE

NAME COPELAND, R E

STREET ADDRESS 4950 TUCKER RD

CITY-ST-ZIP VALDOSTA GA 31601

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Copeland, R.E.

1.3 STREET ADDRESS 4950 TUCKER RD.

1.4 CITY-ST-ZIP Valdosta, Ga. 31601

2.1 TITLE V.P. ☐ Change ☒ Addition

2.2 NAME Kim C Copeland

2.3 STREET ADDRESS 4950 TUCKER RD

2.4 CITY-ST-ZIP Valdosta, Ga. 31601

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 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 Kim C Copeland 09-28-98

012-240-8547

CR2E034 (5/98)