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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G78756

(5)

COOPER RADIATOR SERVICE, INCORPORATED

Principal Place of Business	
1528 FLORIDA AVENUE	
DANAMA CITY EL 9340E	

Mailing Address

P.O. BOX 15685 PANAMA CITY FL 32406

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>01/16/1984</u> 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2369105 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name COOPER, JOHN H. 1714 STEPHENS AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 City Zip Code 84 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE COOPER, JOHN H. 1.2 NAME NAME 1714 STEPHENS AVE. 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 1.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition SD 2.1 TITLE TITLE COOPER, MARY E. 2 2 NAME 1714 STEPHENS AVENUE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Channe DELETE 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

DIGNATURE DA MARIE CORNE SOUNT

CR2E034 (10/97)