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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H01270

1. Corporation Name
C & C RADIATOR, INC.

Principal Place of Business
9718 E. HILLSBOROUGH AVENUE
TAMPA FL 33610
US

Mailing Address
9718 E. HILLSBOROUGH AVE
TAMPA FL 33610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1984

4. FEI Number

59-2405081

Applied For
Not 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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRISH, V. EFFORD
12415 PALM TREE DRIVE
THONOTOSASSA FL 33592

(Deceased 1-9-99)

81. Name

Martha P. Parrish

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

12415 Palm Tree DR

83.

Thonotosassa,

84. City

FL 85. Zip Code
33

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

Martha P. Parrish

Martha P. Parrish

DATE

4/20/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PARRISH, V. EFFORD
STREET ADDRESS 12415 PALM TREE DR.
CITY-ST-ZIP THONOTOSASSA FL
Deceased 1-9-99

TITLE SD ☒ DELETE
NAME PARRISH, MARTHA P.
STREET ADDRESS 12415 PALM TREE DR.
CITY-ST-ZIP THONOTOSASSA FL

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 President/Director ☐ Change ☒ Addition
1.2 NAME Martha P. PARRISH
1.3 STREET ADDRESS 12415 Palm Tree DR
1.4 CITY-ST-ZIP Thonotosassa,

2.1 TITLE Vice President/Director ☐ Change ☒ Addition
2.2 NAME DR. Gregory Neil Parrish
2.3 STREET ADDRESS 5101 Nanover Lane
2.4 CITY-ST-ZIP Lakeland, FL 33809

3.1 TITLE Secretary/Director ☐ Change ☒ Addition
3.2 NAME DR. Elizabeth Ann Parrish
3.3 STREET ADDRESS 12415 Palm Tree DR.
3.4 CITY-ST-ZIP Thonotosassa, FL 33592

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, with all other like empowered.

SIGNATURE:

Martha P. Parrish

4/20/99 813-626-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)