2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 19, 2004 8:00 am Secretary of State DOCUMENT # J97539 1. Entity Name 04-19-2004 90361 029 ***150 00 JIM FAIRCLOTH RADIATOR & AUTOMOTIVE, INC. Principal Place of Business Mailing Address 1322 W. 23RD STREET 1322 W. 23RD STREET 24048652 PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2850637 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name estable described FAIRCLOTH, FEROL H Street Address (P.O. Box Number is Not Acceptable) 1322 W. 23RD STREET PANAMA CITY FL 32405 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete NAME FAIRCLOTH, FEROL H. NAME STREET ADDRESS 1322 W. 23RD STREET STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIE CITY-ST-7/P Delete TITLE TITLE ☐ Change Addition JENKINS, RICHARD L. JR. NAME NAME STREET ADDRESS 2213 EMORY DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME FAIRCLOTH: JAMES F NAME STREET ADDRESS 1322 W. 23RD ST. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP TITLE

Delete

□ Delete

Feroh H. Frircloth 4/14/04 850-769-1342

☐ Change

Change

☐ Addition

Addition