2003 FOR PROFIT CORPORATION

FILED Mar 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** J97539 1. Entity Name 03-21-2003 90092 017 ***150.00 JIM FAIRCLOTH RADIATOR & AUTOMOTIVE, INC. Principal Place of Business Mailing Address 1322 W. 23RD STREET 1322 W. 23RD STREET WUUW1011 PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2850637 Not Applicable Zip Country 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 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 register SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE. Delete TITLE Change ☐ Addition FAIRCLOTH, FEROL H. NAME NAME STREET ADDRESS 1322 W. 23RD STREET STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME JENKINS, RICHARD L. JR. NAME STREET ADDRESS 2213 EMORY DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP JAMES F. FAIRCLOTH Delete -1322 W. 23Rd-St. PANAMA C. ty.FL 32405 TITLE TITLE **✓** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS

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 eath; 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

☐ Delete

☐ Change

☐ Addition