

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K42471** (8)

1. Corporation Name

WOOLLEY'S RADIATOR & GLASS SERVICE, INC.



Principal Place of Business

**C/O MICHAEL D WOOLLEY
1920 ELSA ST.
NAPLES FL 33942
US**

Mailing Address

**C/O MICHAEL D. WOOLLEY
3001 42ND STREET S.W.
NAPLES FL 33999**

3. Date Incorporated or Qualified
11/01/1988

3a. Date of Last Report
02/21/1995

4. FET Number

65-0081284

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 has liability for intangible tax under s. 190.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**WOOLLEY, MICHAEL D.
3001 42ND STREET S.W.
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81. Name

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

83.

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 duties of a registered agent under s. 607, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	WOOLLEY, MICHAEL D.	
3. STREET ADDRESS	3001 42ND ST SW	
4. CITY, STATE, ZIP	NAPLES FL	
5. TITLE	D	☐ DELETE
6. NAME	GREENE, SUSAN J.	
7. STREET ADDRESS	570 25TH ST. N.W.	
8. CITY, STATE, ZIP	NAPLES FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	☐ Change ☐ Addition
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	☐ Change ☐ Addition
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	☐ Change ☐ Addition
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, but 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 of this report, or on an addition and in an address.

SIGNATURE: *[Signature]* **Michael D Woolley** 1-18-96 741-597-~~5009~~ 1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)