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"PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L90009**

1. Corporation Name

MARK ROBBINS RADIATOR AND AUTO AIR, INC.

Principal Place	e of Business	Mailing Address				1811 B1611 B1611 B1611 B1611 B1	### ##################################
2618 PETERS ST.		2618 PETERS ST.					
PALATKA FL 32	177	PALATKA FL 32177			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
•		•	•		07/17/1990		
2. Principal Pi	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Ap	plied For
21		26			59-3021178	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	_ \$8.75 _. △	
22		27.				Fee Re	
City & Stat	е	City & State			6. Election Campaign Financing ———————————————————————————————————	\$5.00	May Be o Fees
23	0	Zip	Co	untry	8. This corporation owes the curren		o rees
Zip	Country 25	29	30	and y	Personal Property Tax.	Yes	™ No
24]	9. Name and Address of Curi			T	10. Name and Address of New Re	gistered Agent	
				81 Name			
	BINS, MARK			82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)	
	PETERS ST	er et e				·	
PALA	ATKA FL 32017	w.		83			
				84 City		85 Zip (Code
					the third that the part of the part	FL	registered
office or r	agistored agent or both in the Sta	ste of Florida, Such chand	e was authorize	ed by the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept	the appointment as re	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0	505, Florida Sta	itutes.	-		
agent. 1 a	im familiar with, and accept the obt	igations of, Section 607.0	505, Florida Sta	nutes.		DATE	
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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 excute 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 officer with the information 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 officer of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90022 031 ***150.00