

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90029 049 ***163.75

DOCUMENT # **P94000054479**

1. Corporation Name

RADIATOR WAREHOUSE OF NORTH FLORIDA, INC.

Principal Place of Business

4445 SW 35TH TERR
STE 100-D
GAINESVILLE F 32608
US

Mailing Address

21068 CR 137
LAKE CITY FL 32024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

59-3260512

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$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

21 Suite, Apt. #, etc.

26 **4445 S.W. 35TH TERR.**

22 City & State

27 Suite, Apt. #, etc.

SUITE 100D

24 Zip

Country

25

28 City & State

Zip

32608

Country

ALACHUA

9. Name and Address of Current Registered Agent

MOTTERN, EDWARD M
21068 CR 137
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

BARBARA MOTTERN

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

21068 CR 137

83

84 City

LAKE CITY,

FL

85 Zip Code

32024

(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

Barbara P. Mottern Pres.

3-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MOTTERN, EDWARD M**
STREET ADDRESS **21068 CR 137**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ DELETE
NAME **MOTTERN, BARBARA P**
STREET ADDRESS **21068 CR 137**
CITY-ST-ZIP **LAKE CITY FL 32024**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Barbara P. Mottern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

352-375-0027

Daytime Phone #

CR2E034 (11/98)

001864