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FILED

May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000026018 (7)

1. Corporation Name  
TOO COOL RADIATOR, INC.



Principal Place of Business  
2558 DADE AVE.  
PANAMA CITY FL 32408

Mailing Address  
2558 DADE AVE.  
PANAMA CITY FL 32408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4234 N Hwy 231

2a. Mailing Address  
26 2558 DADE AVE

3. Date Incorporated or Qualified  
03/18/1996

4. FEI Number  
58-3147660 59-3463797 Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State  
23 PANAMA CITY

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 32404 25 BA 4

29 30

8. This corporation owes or has paid the current year Intangible/  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, TOM  
2558 DADE AVE.  
PANAMA CITY FL 32408

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME HUMPHRIES, TOM  
STREET ADDRESS 2558 DADE AVE  
CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME SEC  
1.3 STREET ADDRESS LAVEN, MARK  
1.4 CITY-ST-ZIP 1506 VIRGINIA AVE  
LYNN HAVEN, FL

TITLE VP ☐ DELETE  
NAME HUMPHRIES, DOTTIE  
STREET ADDRESS 2558 DADE AVE  
CITY-ST-ZIP PANAMA CITY BEACH FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Tom Humphries Pres

850 914 6522

CR2E034 (10/97)