Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90162 015 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$559-00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000670

1. Corporation Name

SOUTHERN RADIATOR SUPPLIES, INC.

LARGO FL 33773

Principal Plac	ce of Business	Mailing Address					,	
12141 74TH STREET NORTH 12141 74TH STREET NORTH LARGO FL 33773 LARGO FL 33773				4	DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 01/03/1997			
2, Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-3423328	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A Fee Re		
City & Sta	te	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 33	Count	ry	This corporation owes the current year in Personal Property Tax.		□No	
) 24]	9. Name and Address of Curre		31		10. Name and Address of New Registered	Agent		
O'CONNOR, PATRICK M PATEL, MOORE & O'CONNOR, P.A. 18167 U.S. HIGHWAY 19 NORTH, SUITE 150				1 Name 2 Street /	Address (P.O. Box Number is Not Acceptable)			
CLE	ARWATER FL 34624		8	4 City	- · · F	85 Zip (Code	
defice or	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	nonzed b	v the coroc	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	of changing its pintment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: R	egistered Ag	ent signature re	required when reinstating) DATE			
12.					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	.1.1 TITLE			☐ Change	Addition	
NAME	SMITH, GREGORY W	GORY W		E		•		
STREET ADDRESS	ANALA TATIL OTDETT MODELL		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	1 1 DO TI 00070		1.4 CITY-	-ST-ZIP				
TITLE	D	☐ DELETE 2.1			,	Change	Addition Addition	
NAME	SMITH, BOBBIE J		2.2 NAM	E	<i>y</i>			
STREET ADDRESS	ANALA SATU OFFICE MONTH		2.3 STRE	ET ADDRESS	a.'			

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

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DELETE

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 composition 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 charges on on an attachment with an address, with all other like empowered.

Proble Je Smi

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLÉ

NAME

TITLE

NAME

TITLE

NAME

TITLE

Change

Change

Change

☐ Change

CR2E034 (11/98)

Addition

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Addition