

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H44061 (0)

1. Corporation Name

FLORIDA CAR WASH II, INC.



Principal Place of Business

Mailing Address

% ROBERT L. HARRINGTON
601 SOUTH BABCOCK STREET
MELBOURNE FL 32901

131C
950 N. HARBOR CITY BLVD
MELBOURNE FL 32935
US

3. Date Incorporated or Qualified

02/18/1985

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 950 N. Harbor City Blvd

26

4. FEI Number

59-2870509

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 199.032,
Florida Statutes

☒ Yes

☐ No

22

City & State

Melbourne, FL

27

City & State

24

Zip

32935

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRINGTON, ROBERT L.
601 SOUTH BABCOCK STREET
MELBOURNE FL 32901

81 Name

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

950 N. Harbor City Blvd

83

84

City Melbourne

FL

85

Zip Code 32935

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

R. L. Harrington

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME HARRINGTON, ROBERT L.
STREET ADDRESS 950 N. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARRINGTON, ROBERT L.
STREET ADDRESS 950 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HARRINGTON, ROBERT L. JR
STREET ADDRESS 950 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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; 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: X *R. L. Harrington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

407-242-1929

Date

Daytime Phone #

CR2E034 (12/95)