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 # **J10177** **(0)**

1. Corporation Name

SHINY CAR $9.95 HAND WAX, INC.

Principal Place of Business	Mailing Address
% ROGER G. UMSTEAD ~~7501 SEMINOLE BLVD.~~ SEMINOLE FL 34642	% ROGER G. UMSTEAD ~~7501 SEMINOLE BLVD.~~ SEMINOLE FL 34642

3. Date Incorporated or Qualified: 04/18/1986
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 9660 SEMINOLE BL	26 9660 SEMINOLE BL.
Suite, Apt. #, etc. 22 C	Suite, Apt. #, etc. 27 C
City & State 23 SEMINOLE, FL	City & State 28 SEMINOLE, FL.
Zip 24 34642 / Country 25 USA	Zip 29 34642 / Country 30 USA

4. FEI Number: 59-2674961 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UMSTEAD, ROGER G. ~~7501 SEMINOLE BLVD.~~ SEMINOLE FL 34642-~~2429~~	81 Name: ROGER B. UMSTEAD 82 Street Address (P.O. Box Number is Not Acceptable): 9660 SEMINOLE BLVD. SUITE C 83 84 City: SEMINOLE, FL 85 Zip Code: 34642

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: Roger B. Umstead ROGER B. UMSTEAD PRES. 4-25-96
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	PTD	☐ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	UMSTEAD, ROGER G.		1.2 NAME	LORI L. UMSTEAD	
STREET ADDRESS	39TH AVENUE N. #7145		1.3 STREET ADDRESS	7145 39TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	UMSTEAD, BARBARA J.		2.2 NAME		
STREET ADDRESS	39TH AVENUE N. #7145		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBBEN, PATRICK		3.2 NAME		
STREET ADDRESS	7560 92ND ST, N		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Roger B. Umstead ROGER G. UMSTEAD PRES. 4-25-96 813 393-8971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #