

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 # P95000071696 (5)

1. Corporation Name

TOUCHLESS LASER CAR WASH, INC.



Principal Place of Business

2140 PAGET CIRCLE
C/O LAWRENCE G. SUMMERFIELD
NAPLES FL 33962

Mailing Address

2140 PAGET CIRCLE
C/O LAWRENCE G. SUMMERFIELD
NAPLES FL 33962

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/14/1995

3a. Date of Last Report

4. FEI Number
65-0609838

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

10. Name and Address of New Registered Agent

BRAUN, KELLY M ESQUIRE
HARTER, SECREST & EMERY
800 LAUREL DRIVE, SUITE 400
NAPLES FL 33963

81 Name

Thomas B. Garlick, Esq.

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 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as set forth 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 of person performing duties of Registered Agent and Title if applicable

(NOTE: Registered Agent signature required when renouncing)

1/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
SUMMERFIELD, LAWRENCE G
2140 PAGET CIRCLE
NAPLES FL 33962
D
SUMMERFIELD, PATRICIA A
2140 PAGET CIRCLE
NAPLES FL 33962
D
BRINKHOFF, KEVIN P
801 EAST WINDFIELD PLACE
APPLETON WI 54911
D
BRINKHOFF, DARCEY L
801 EAST WINDFIELD PLACE
APPLETON WI 54911

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

5102 Harrogate Court
Naples, FL 33962

5102 Harrogate Court
Naples, FL 33962

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Patricia A. Summerfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

Date

941-775-0051

Daytime Phone #

CR2E034 (12/95)