

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 389906 (9)

1. Corporation Name
LINDLEY CAR WASH, INC.



Principal Place of Business Mailing Address
1401 BEACH BLVD JACKSONVILLE BEACH FL 32250 **1401 BEACH BLVD JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

g. Name and Address of Current Registered Agent

**LINDLEY, GEORGE A (SR.)
1401 BEACH BLVD.
JACKSONVILLE FL 32250**

3. Date Incorporated or Qualified **10/19/1971** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-1365431** 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

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 (6)(2) and 607 (15)(8), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (6)(2), Florida Statutes.

SIGNATURE SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | JOHNS, GREGORY | |
| STREET ADDRESS | 12006 CANNES ST. | |
| CITY, ST, ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LINDLEY, GEORGE A SR | |
| STREET ADDRESS | 1401 BEACH BLVD | |
| CITY, ST, ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report oath that I am an officer or director of the corporation or the owner or trustee, employee, appears in Block 12 or Block 13 is changed, or is attached with an address.

is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *George Lindley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96 904-247-0290

CR2E034 (12/95)