

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 AM 12:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 544825

(3)

1. Corporation Name

RAINBOW CAR WASH, INC.

Principal Place of Business

**3014 BEAULIERC OAKS CT
JACKSONVILLE FL 32257**

Mailing Address

**3014 BEAULIERC OAKS CT
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1977

3a. Date of Last Report

02/18/1994

4. FBI Number

59-1766992

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 or intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHUSTER, RICHARD D.
9715 ATLANTIC BLVD
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when substituted)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SCHUSTER, RICHARD D.

STREET ADDRESS

3014 BEAULIERC OAKS CT

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY - ST - ZIP

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY - ST - ZIP

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY - ST - ZIP

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY - ST - ZIP

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY - ST - ZIP

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 110.07(3)(b), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95

Date

947 701 5200

Display Phone #