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FILED

**May 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000004898 (0)

1. Corporation Name
UNION JACK MOBILE CAR WASH, INC .



Principal Place of Business
**2212-D ANDREA LANE
FT MYERS FL 33912**

Mailing Address
**2212-D ANDREA LANE
FT MYERS FL 33912-1062**

3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report

4. FEI Number
42-1309031

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ERWIN, J L
2212-D ANDREA LANE
FT MYERS FL 33912**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PDC
NAME	ERWIN, J L	1.2 NAME	ERWIN, J. L.
STREET ADDRESS	750 TWIN EAGLE LANE	1.3 STREET ADDRESS	7050 TWIN EAGLE LANE
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	SDC	2.1 TITLE	SDC
NAME	ERWIN, JANICE K	2.2 NAME	ERWIN, JANICE K.
STREET ADDRESS	750 TWIN EAGLE LANE	2.3 STREET ADDRESS	7050 TWIN EAGLE LANE
CITY-ST-ZIP	FT MYERS FL 33912	2.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VD	3.1 TITLE	VD
NAME	ERWIN, JOHN L	3.2 NAME	ERWIN, JOHN L. II
STREET ADDRESS	13571 EAGLE RIDGE DR.	3.3 STREET ADDRESS	7891 GEORGIAN BAY CIRCLE #202
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	FT. MYERS, FL. 33912
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **4-29-97**

CR2E034 (9/96)