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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90097 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005216

1. Corporation Name

PEAK AUTO WASH SYSTEMS, INC.



Principal Place of Business

215 E. BIG BEAVER RD., SUITE 600
TROY MI 48063

Mailing Address

215 E. BIG BEAVER RD., SUITE 600
TROY MI 48063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

2. Principal Place of Business

21 15145 MCGREGOR BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 15801 WHITE ORCHARD LN
Suite, Apt. #, etc.

4. FEI Number

38-2558470

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FORT MY
ERS, INC.
13611 MCGREGOR BLVD
FT MYERS FL 33919

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 duties of a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME PEAK, GREGORY A
STREET ADDRESS 15801 WHITE ORCHARD LANE
CITY-ST-ZIP FT MYERS FL 33908

☐ DELETE

TITLE V
NAME PEAK, SCOTT
STREET ADDRESS 215 E. BIG BEAVER RD., SUITE 600
CITY-ST-ZIP TROY MI 48063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY A. PEAK

Date

Daytime Phone #

1-15-99 / 941-482-1199

CR2E034 (4/1/98)