SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H99424

(4)

RALLY C	AR WASH SYSTEMS, INC	(4)								
Principal Plac	e of Business	Mailing Address					HOLL BIDGE DEBIL BIDE		IEIT IUUI	
P. O. BOX 4097 GAINESVILLE FL 32813 P. O. BOX 4097 GAINESVILLE FL 32613						do not write	IN THIS SPACE	E		
					ļ-	3. Date Incorporated or Qualified	3a. Date of	Last Re	eport	
						02/14/1986	02/23/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26 Po Box 4058				<u>59-2643161</u>	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & City		City & State 4							·	
City & State		20 Gamesville 71				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Zip	Countr	Country		8. This corporation owes or has paid the current year Intangible				
24	25	29 37613	30 US	A		Personal Property Tax due June			No .	
	9. Name and Address of Curr					Name and Address of New Re-	gistered Agent			
DAVIS, REMBERT M.										
	BOX 4097 N/A		82 Street Ac		Address	(P.O. Box Number is Not Acceptab	le)			
GAIN	iesville fl 32613									
			83	1						
	•		84	City			85	Zip C	Code	
				1				,		
office of agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607.0505, F	authorized b lorida Statute TE Registered Aç	·S.		tion submits this statement for the p is board of directors. I hereby accep	ot the appointment	ent as	registered .	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12	
TITLE	DP	-		1.1 TITLE			CI	nange	Addition	
NAME	REMBERT, DAVIS M.	1.								
STREET ADDRESS	3018 N.E. 27 AVE		1.3 STREE	1.3 STREET ADDRESS 2		018 NE 27 au				
CITY-ST-ZIP	GAINESVILLE FL 32609			1.4 CITY-ST-ZIP		32109				
TITLE	SD SIMPLES	☐ DELETE	2.1 TITLE		20		₽ ci	range	Addition	
NAME	REMBERT , THOMAS, J					pout Thomas				
STREET ADDRESS	1720 NW 53 AVE.			23 STREET ADDRESS		BOX 1058 5401-8 NW 13 ST				
CITY-ST-ZIP	GAINESVILLE FL 32606			2.4 CITY-ST-ZIP		nesville 21 32615	<u>, 354 °</u>		Addition	
TITLE							CI	ық	Addition	
NAME CYPECT ADDRESS		•	3.2 NAME	T ADDDCCC					ļ	
STREET ADDRESS				1 ADDRESS					ļ	
CITY-ST-ZIP TITLE	-	DELETE	3.4. CITY- 4.1 TITLE	21-71b	 	· · · · · · · · · · · · · · · · · · ·	C	hanne	Addition	
NAME			4.7 MLE	:		•		yv		
STREET ADDRESS				T ADDRESS		1 .			ŀ	
			4.4 CITY-			i				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	U (- LIF	<u> </u>	——————————————————————————————————————	CI	hange	Addition	
NAME			5.2 NAME					•		
STREET ADDRESS				T ADORESS						
CITY-ST-ZIP			5.4 CITY -							
TITLE		DELETE 6.1		- L"			☐ Cf	hange	Addition	
NAME			6.2 NAME		1			-		
STREET ADDRESS	•			T ADDRESS	}	!				
CITY-ST-ZIP			6.4 CITY -							
	by certify that the information supply	ed with this filing does not qual			stated in	Section 119.07(3)(i), Florida Statutes	s. I further certif	v that t	the	

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIZMON WHITLE QUITNE

8-26-97

FILED

Sep 22 1997 8:00am

Secretary of State