FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # **J07149** **(4)**

1. Corporation Name

AMERICAN CAR WASH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
130 N SPRING LAKE DR ALTAMONTE SPRINGS FL 32714	130 N SPRING LAKE DR ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **03/31/1986**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-2995188** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1325 Semoran Blvd	26 1325 Semoran Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CASSELBERRY FL	28 City & State: CASSELBERRY FL
24 Zip: 32707 25 Country: Seminole	29 Zip: 32707 30 Country: Seminole

9. Name and Address of Current Registered Agent

BARRETT, JACK N
2491 HOWELL BRANCH RD
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: PAUL BRADLEY
82 Street Address (P.O. Box Number is Not Acceptable): 1325 SEMORAN BLVD
83
84 City: CASSELBERRY **FL** 85 Zip Code: 32707

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] DATE: 3/19/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV	☒ DELETE	11 TITLE	PV	☒ Change ☐ Addition
NAME	BARRETT, JACK N.		12 NAME	PAUL BRADLEY	
STREET ADDRESS	130 N SPRING LAKE DR		13 STREET ADDRESS	1325 Semoran Blvd	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		14 CITY-ST-ZIP	Casselberry FL 32707	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS	# to Keep by Bank	
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: [signature] PAUL P. BRADLEY 407-671-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR