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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 PM 12:03

DOCUMENT # J20336

(0)

1. Corporation Name

JAY'S CAR WASH, INC.

Principal Place of Business

8326 U.S. HWY. 19
PORT RICHEY FL 34688

Mailing Address

8326 U.S. HWY. 19
PORT RICHEY FL 34688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1986

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HERR, JOSEPH
8326 U.S. HIGHWAY 19
PORT RICHEY FL 34688

10. Name and Address of New Registered Agent

81 Name

ROGER R. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

8326 U.S. HWY. 19

83

84 City

PORT RICHEY

FL

85 Zip Code

34668

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

R. R. Johnson
Signature typed or printed name of registered agent and the corporation

ROGER R. JOHNSON, PRESIDENT

5/31/95

(Date Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	HERR, JOSEPH
STREET ADDRESS	8326 US HWY 19
CITY ST ZIP	PORT RICHEY 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	

1. TITLE	PRESIDENT	☒ Change ☐ Addition
2. NAME	ROGER R. JOHNSON	
3. STREET ADDRESS	P.O. BOX 402	
4. CITY ST ZIP	HOMDSASSA SPRGS. FL 34447	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY ST ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY ST ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. 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 if changed, or on an attachment with an address.

SIGNATURE:

R. R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95

(813) 847-7734