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Mar 25 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 # **J20336** **(0)**

1. Corporation Name
JAY'S CAR WASH. INC.

Principal Place of Business	Mailing Address
8326 U.S. HWY. 19 PORT RICHEY FL 34668	8326 U.S. HWY. 19 PORT RICHEY FL 34668-6641

3. Date Incorporated or Qualified: 06/20/1986
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-2685998 ☐ 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

9. Name and Address of Current Registered Agent

JOHNSON, ROGER R
8326 U.S. HWY 19
PORT RICHEY FL 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	JOHNSON, ROGER R	1.2 NAME	JOHNSON, ROGER R.
STREET ADDRESS	W FARRIER CT	1.3 STREET ADDRESS	5861 W. FARRIER CT. P.O. BOX 402
CITY-ST-ZIP	HOMOSASSA SPRGS FL	1.4 CITY-ST-ZIP	HOMOSASSA SPRINGS, FL. 34447
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEIER, JOAN	2.2 NAME	
STREET ADDRESS	7611 S COVE CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
NAME	JOHNSON, JULIE H	3.2 NAME	JOHNSON, JULIE H.
STREET ADDRESS	PO BOX 402 W FARRIER CT	3.3 STREET ADDRESS	5861 W. FARRIER CT. P.O. BOX 402
CITY-ST-ZIP	HOMOSASSA SPGS FL	3.4 CITY-ST-ZIP	Homosassa Springs, FL. 34447
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUNBAR, JEANNE	4.2 NAME	
STREET ADDRESS	665 SADDLE RIDGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ ROGER R. JOHNSON 1/27/97 (813) 847-7734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0453217