FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995 5-1-95 B-66655 C

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

DOCUMENT # J21561 (2)

1. Corporation Name

GATOR CAR WASH EQUIPMENT, INCORPORATED

Principal Place of Business	Mailing Address
~~205 HOLLY KNOWE RD~~ ~~1598-A CLAUDE ROAD~~ ~~ORANGE PARK FL 32073-4804~~	~~205 HOLLY KNOWE RD~~ ~~1598-A CLAUDE ROAD~~ ~~ORANGE PARK FL 32073-4804~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21: 2035 - Catherine Ln.
22: Suite, Apt. #, etc.
23: Middleburg, Fl.
24: 32068 — 25: Country

2a. Mailing Address
26: 2035 Catherine Ln.
27: Suite, Apt. #, etc.
28: Middleburg, Fl.
29: 32068 — 30: Country

4. FEI Number: 59-2734463 — 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 intangibles tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURKHART, WILLIAM D.
~~1598-A CLAUDE RD~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2035 Catherine Ln.
83:
84 City: Middleburg — 85 FL — 86 Zip Code: 32068

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: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	DP	01 TITLE	☒ Change ☐ Addition
02 NAME	BURKHART, WILLIAM D.	02 NAME	
03 STREET ADDRESS	~~1598-A CLAUDE RD~~	03 STREET ADDRESS	2035 Catherine Ln.
04 CITY ST ZIP	~~ORANGE PARK FL~~	04 CITY ST ZIP	Middleburg, Fl. 32068
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY ST ZIP		08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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 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] William D. Burkhart 5-7-95 9041-262-3846
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0004684 CP