

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80500

1. Corporation Name
AUTO SALON/CAR WASH, INC.

Principal Place of Business

1402 E VINE STREET
KISSIMMEE FL 34744

Mailing Address

1402 E VINE STREET
KISSIMMEE FL 34744

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90045 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1987

4. FEI Number

59-2816377

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

Auto Salon/DAVE CLAYTOR

1440 KINGSTON WAY

KISSIMMEE FL

34744 Osceola

9. Name and Address of Current Registered Agent

COMPTON, BARRY
1402 E. VINE STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

DAVE CLAYTOR

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

1440 KINGSTON WAY

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COMPTON, BARRY
STREET ADDRESS 1331 WOODCREST BLVD
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

TITLE VD
NAME CLAYTOR, DAVID
STREET ADDRESS 2575 BROADVIEW DR
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

V.P.

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1440 KINGSTON WAY
KISSIMMEE FL 34744

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 407 846-6348
Date Daytime Phone #

CR2E034 (1/1/98)