

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91549 (2)

To: Corporation Name

PHILLIPS HWY OCTOPUS CAR WASH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1987	3a. Date of Last Report 04/19/1994
4. FET Number 59-2843348	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
6. Does corporation file liability for intangible tax under 22-104, Florida Statutes? ☒ Yes ☐ No	

1. Principal Place of Business 3366 PHILLIPS HWY. JACKSONVILLE FL 32207		2a. Mailing Address 3366 PHILLIPS HWY. JACKSONVILLE FL 32207	
21. Principal Place of Business	2a. Mailing Address	22. State App. # (if any)	27. State App. # (if any)
22. City & State	27. City & State	23. *	28. *
24. *	25. *	29. *	30. *

9. Name and Address of Current Registered Agent HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. STE. 800 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81. Name: RAYMOND MORTON 82. Street Address (P.O. Box Number is Not Acceptable): 5317 Burchette Rd. 83. City: Tampa 84. State: FL 85. Zip Code: 33647	
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11. Pursuant to the provisions of Sections 22-104(1) and 22-104(2), Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office, 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 being a registered agent under Florida Statutes.

SIGNATURE: *Raymond Morton*

4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: DST	NAME: GOMEZ, JACK S.	NAME: VD	NAME: ULRICH, ROBERT
STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.
CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE
STATE: FL	STATE: FL	STATE: FL	STATE: FL
NAME: PD	NAME: MARX, LEON J.	NAME: PD	NAME: MARX, LEON J.
STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.
CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE
STATE: FL	STATE: FL	STATE: FL	STATE: FL
NAME: VD	NAME: ULRICH, ROBERT	NAME: VD	NAME: ULRICH, ROBERT
STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.	STREET ADDRESS: 3366 PHILLIPS HWY.
CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE	CITY: JACKSONVILLE
STATE: FL	STATE: FL	STATE: FL	STATE: FL

14. I do hereby certify that the information supplied with this filing is a true and correct statement of the facts and circumstances of the corporation, and that the information is true and correct. I am familiar with and accept the obligations of being a registered agent under Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: *Leon Marx* **LEON MARX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95 520-327-5656