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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J91549

DOCUMENT #

PHILLIPS HWY OCTOPUS CAR WASH, INC.

Principal Place of Business Mailing Address SOCK DUILLING HAVE SACO DEBLICO ESTA

JACKSONVILLE FL 32207		JACKSONVILLE FL 32207							
					3. Date incorporated or Qualified 09/10/1987	3a. Date	of Last Re)5/01/1 9		
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			opplied For
ī]		26			59-2843348			lot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
		27							Required
City & State		City & State			6. Election Campaign Financing			May Be	
		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for Florida Statutes Yes	intangible tai	cunger s	199.032,
·	25	29	30			10. Name and Address of New F	*	aent	
	9. Name and Address of Curre	ent Registered Agent		81	Name	To. Name and Addition of them.			
MORTON, RAYMOND				82 Stree		ress (P.O. Box Number is Not Acceptab	ole)		
	URCHETTE RD		ŀ	83					· · · · · · · · · · · · · · · · · · ·
TAMPA	FL 33647		ļ	33					
				84	City		FL	85 Zış	Code
					· · · · · · · · · · · · · · · · · · ·	ration submits this statement for the purific of directors. Thereby accept the app		noine ite r	opiotorod offic
SIGNATUREs	igratura isped o peded our a disaje biedag			Δ.,	soprating network	1 where remaining			
2.		ND DIRECTORS	13.			ADDITIONS CHANGES TO OF		DIRECTO	Addition
TLE	DST	DELETE	1,11				L	Unange	☐ Addition
IAME	GOMEZ, JACK S.		1.2 N						
STREET ADDRESS	3366 PHILLIPS HWY.		1 3 S1	TREET A	ADDRESS				
CITY - S1 - ZIP	JACKSONVILLE FL			ir-SI	- 7iP			7 Chann	Addition
TITLE	VD	□ DEt ETE		2 † TUTUE			L] Change	☐ Addition
NAME	ULRICH, ROBERT		2 2 N						
STREET ADDRESS	3366 PHILLIPS HWY.				ADDRESS				
ITY - SI - ZIP	JACKSONVILLE FL			ITY-SI	1 - 21P		-	"I Changa	Addition
STLE	PD	☐ DELETE	3 1 7				L	Change	Addition
IAME	MARX, LEON J		3 2 N						
STREET ADDRESS	3366 PHILLIPS HWY.				ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL	· · · · · · · · · · · · · · · · · · ·		·Tr - SI	I-ZP			Change	Addition
TITLE		☐ DELETE	4 ' T				L		□ voquon
NAME			4 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				(T) - S	T - ZIP		r	Change	☐ Addition
TITLE		☐ DELETE	5 17				L	спалуе	
NAME			5 2 N						
STREET AOORESS					ADDRESS				
CITY - ST - ZIP				TY S	T 2'P		- 	Change	Maddition
TITLE		DELETE	6 1 1				L	Change	
NAME			62 N						
STREET ADDRESS			638	TREET	ADDRESS				
			640	are e	T 210				

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and opes not qualify for the exemption stated in Section 119 07(3)(k). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR