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

Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** (8) SUPER SHINE CAR WASH, INC. Principal Place of Business Mailing Address **820 PELICAN DRIVE** 620 PELICAN DRIVE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1988 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-2901541 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, DAVID C. 81 25 WALTER MARTIN AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 84 City 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 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 DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE GAILLARD, SUSAN D. 1.2 NAME NAME CRZE034 **620 PELICAN DRIVE** STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GAILLARD, DAVID H. 2.2 NAME NAME **620 PELICAN DRIVE** 2.3 STREET ADORESS STREET ADDRESS FT WALTON BCH. FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZiP 4. I hereby certify that the information supplied with this filling 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 trusted 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.

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SIGNATURE: Juga

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