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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #L2

Bubba's Truckwash, Inc.

APPROVED

1997 JUL -7 PH 12: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Plac	ce of Business	Mailing Address				
103	14 U.S. 301	Po Box 316	43			
		Jax, FL 33	236			
		047, 10 0			3. Date Incorporated or Qualified	3a. Date of Last Report
					10)17189	5/1/96
·	Place of Businoss	2a. Mailing Address			4. FEI Number	Applied For
21		26			59- 📦 29688	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	In .	City & State				Fee Required
23	ie.	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countre	·	8. This corporation has liability for in	
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Curre				10. Name and Address of New Reg	
			81	Name		
	cremy C. Phillips		82	Ctroot Ad	Idress (P.O. Box Number is Not Acceptab	lo)
9	1110 Heckscher D	A.	102	Street Au	diess (r.o. box number is not Acceptab	le)
	•	•	83			
	Jax, FL 32226		-			
			84	City		FL 85 Zip Code
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named co	prporation submits this statement for the pr	urnose of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au actions of, Section 607.0505, Flor	ithorized b ida Statute	y the corpor s	ration's board of directors. I hereby accep	the appointment as registered
SIGNATURE		,				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registerea Ag	ent signature rec	quired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 Tille		efficie entre en la contra de la	☐ Change ☐ Addition
NAME	Bryant, Harry		1.2 NAME			23599905 9701075006
STREET ADDRESS			1.3 STREE	T ADDRESS	7917117 4949-0-17	5
CITY-ST-ZIP	1024 US 301		1.4 CITY-5	ST - ZIP		5.00 ****165.00
TITLE	5	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	Phillips, Jewas		2.2 NAME			•
STREET ADDRESS	9110 Heckscher Dr	•	2.3 STREET	ADDRESS		,
CITY-ST-ZIP			2 4 CHTY-	ST-ZIP		
TITLE	<b>"T</b> "	□ DELETE	3 1 1111 E			☐ Change ☐ Addition
NAME	Bryant, Andrew		3 2 NAME			
STREET ADDRESS	1024 06 301		33STREFT	ADDRESS		
CITY - ST - ZIP	Baldwin, FL		34 CITY-	S1 - ZIP		
TITLE		☐ DELE1E	41 1111.F			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY-ST-ZIP		····	44 CHY-S	S1 - ZIP		
TITLE		☐ DELFTE	51 TITLE	1		Change Addition
NAME			52 NAME			
STREET ALGESS			5.3 STREET	ADDRESS		
CITY-S1-ZIP			54 City - 9	31 - ZIP		
TITLE		☐ DELETE	61 THUE			Change A Coddition
NAME			6.2 NAME			10.HM11
STREET ADDRESS			63 STREET	ADDRESS		XI
CITY-ST-ZIP			6 4 CITY - 5			
14. I do here	by certify that the information supplied	ed with this filing does not qualify	for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	I further certify that the

Immunity 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 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:

964-251-3714