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 #

1. Corporation Name

BUBBA'S TRUCKWASH, INC.

Principal Place	e or business	Mailing Address							
1024 U.S. 301 BALDWIN FL		P.O. BOX 37643 JACKSONVILLE FL 32236							
BALDWIN FL		NUCLULARITY OF SECON				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						10/17/1989			
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		Ann	lied For
Z. Filliopair	lace of Gusilless	⊢				59-2968847	<u> </u>	- · · ·	Applicable
21		Suite, Apt. #, etc.				39-2900047	C Q		ditional
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	 1			5. Certifcate of Status Desired	· ·	e Red	-
22 City & Ct-1		City & State				n Fi Cur Cur Sing Financian	- 65	00.	
City & State		——————————————————————————————————————				6. Election Campaign Financing Trust Fund Contribution	-	ded to	May Be
23	Country	28 Zin	Zip Country					000 10	7005
Zip				Country		This corporation owes the current year Personal Property Tax.	ir intangibie XYes		⊒No Ì
24	25 29 9. Name and Address of Current Registered Ag					10. Name and Address of New Registe			
	9. Name and Address of Curren	t Registered Agent	-	1 Na		IV. Name and Address of New Registe	nea Agent		
DLIII	LIPS, JEREMY C		ľ	110	une				
	HECKSCHER DRIVE		82 Street Ad			ess (P.O. Box Number is Not Acceptable)			_
	KSONVILLE FL 32226		8	3					
			8	4 Cit			85	Zip Ci	
					•		┡┖╴│ │		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes	s, the abo	ve-nar	ned corpo	oration submits this statement for the purposin's board of directors. I hereby accept the a	se of changir	ng its r as red	egistered istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statute	9S.	o porano	n a board of directors. Thereby decept the d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE		WOTE D				(when reinstating) DAT			
			13.	ent signa	sture required	ADDITIONS/CHANGES TO OFFICER:		CTOF	2S IN 12
12.		D DIRECTORS DELETE	11 TITLE			ADDITIONO/ONANGEO TO OTT IGEN	☐ Cha		Addition
TITLE	P PDV4AIT UENDV	Dece in			-			90	
NAME	BRYANT, HENRY		1.2 NAME						
STREET ADDRESS	702.7			ET ADDF	RESS				
CITY-ST-ZIP	BALDWIN FL		1.4 CITY-						□ Addition
TITLE	S	☐ DELETE	2.1 TITLE	Ė	1		☐ Cha	inge	☐ Addition
NAME	PHILLIPS, JEREMY C		2.2 NAME	2.2 NAME					
STREET ADDRESS	9110 HECKSCHER DR.		2.3 STREET ADDRESS		RESS				
CITY-ST-ZIP			2.4 CITY	2. 4 CITY-ST-ZIP					
TITLE	T	☐ DELETE	3.1 TITLE				Cha	inge	☐ Addition
NAME	BRYANT, ANDREW		3.2 NAME	E					
STREET ADDRESS	1024 US 301		3.3 STRE	ET ADDR	RESS				ł
CITY-ST-ZIP	BALDWIN FL			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4 1 TITLE	:			☐ Cha	ange	☐ Addition
NAME			4, 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDF	RESS				1
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	inge	Addition
NAME			5.2 NAMI	E					}
STREET ADDRESS			5.3 STRE	ET ADDR	RESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	Ξ			☐ Cha	ange	Addition
NAME			6.2 NAME	E	- 1				
STREET ADDRESS			6.3 STREET ADDRESS		RESS				ĺ
SIKEELAUURESS	l '				- 1				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4 28 94

904-724-2354

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90003 002 ***150.00

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