

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L36436** (8)

1. Corporation Name

CAR WASH CONSULTANTS, INC.



Principal Place of Business

**% PAUL L. HUNTER
3711-A W GRACE ST
TAMPA FL 33607
US**

Mailing Address

**% PAUL L. HUNTER
3711-A W GRACE ST
TAMPA FL 33607
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
03/06/1995

4. FEI Number

59-2979952

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HUNTER, PAUL L.
3711-A W GRACE ST
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 must be printed and signed by the officer or director.

Signature must be printed and signed by the officer or director.

Signature must be printed and signed by the officer or director.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD HUNTER, PAUL L.**
STREET ADDRESS **3711-A W GRACE ST**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☒ DELETE
NAME **STD HENDRY, NELSON**
STREET ADDRESS **3711-A W GRACE ST**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
NAME **S/T Endelac, Karen**
STREET ADDRESS **3711 A W. Grace St**
CITY-STATE-ZIP **Tampa, FL 33607**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-STATE-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME

33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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

4/25/96

813-875-7218

CR2E034 (12/95)