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

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # L45191 (8)

1. Corporation Name
SALLY'S CAR WASH, INC.

Principal Place of Business:	Mailing Address
340 N. TYNDALL PARKWAY 221 MCKENZIE AVENUE PANAMA CITY FL 32404 US	340 N TYNDALL PKWY PANAMA CITY FL 32404-6123 US

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business
21 336 N. Tyndall PKwy
Suite, Apt. #, etc.
22 221 McKenzie Ave.
City & State
23 Panama City, Fl.
Zip 24 32404 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2993537 ☐ 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

HUTCHISON, EDWARD A. JR.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	POINDEXTER, MARK P. SR.		1.2 NAME	Marcy A. Poindexter	
STREET ADDRESS	340 NORTH TYNDALL PRKWY.		1.3 STREET ADDRESS	340 N. Tyndall PKwy	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Panama City, Fl. 32404	
TITLE	VTS	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	POINDEXTER, SALLY		2.2 NAME	Mark Paul Poindexter, Jr.	
STREET ADDRESS	340 NORTH TYNDALL PRKWY.		2.3 STREET ADDRESS	340 N. Tyndall PKwy	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	Panama City, Fl. 32404	
TITLE		☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME			3.2 NAME	Sally A. Poindexter	
STREET ADDRESS			3.3 STREET ADDRESS	340 N. Tyndall PKwy	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Panama City, Fl. 32404	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

$ RCVD 1/22/97

3.5.97

CR2E034 (9/96)

14. I do 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 a director or officer 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.

Corrected

SIGNATURE: Sally Poindexter V.T.S. Sally Poindexter 1/10/97 904-872-8962
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

Sally Poindexter V. Sally Poindexter 2/24/97 904-872-8962