

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L46107 (3)

1. Corporation Name  
ALL FLORIDA CAR WASH, INC.

Principal Place of Business  
% DOUGLAS J. MULLEN  
2453 E ROAD  
LOXAHATCHEE GROVE FL 33470

Mailing Address  
% DOUGLAS J. MULLEN  
2453 E ROAD  
LOXAHATCHEE GROVE FL 33470-4652



3. Date Incorporated or Qualified 01/30/1990  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number 65-0178148  
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

MULLEN, DOUGLAS J.  
2453 E ROAD  
LOXAHATCHEE GROVE FL 33470

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | D PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MULLEN, DOUGLAS J.                | 1.2 NAME  |  |
| STREET ADDRESS             | 2453 E ROAD                       | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | LOXAHATCHEE GROVE FL              | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 2.2 NAME  |  |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                   | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 3.2 NAME  |  |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                   | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 4.2 NAME  |  |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                   | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                   | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                   | 6.4 CITY - ST - ZIP                                   |  |

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 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: x *Douglas J. Mullen* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-97 (954)537-0553  
Date Daytime Phone #

CR2E034 (9/96)