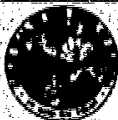


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65248

(1)

1. Corporation Name

AUTO SHINE PLUS, INC.

Principal Place of Business

**C/O THOMAS M. SHEARER
8812 NORTH PALAFOX HIGHWAY
PENSACOLA FL 32534**

Mailing Address

**C/O THOMAS M. SHEARER
8812 NORTH PALAFOX HIGHWAY
PENSACOLA FL 32534**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

05/27/1994

4. FEI Number

59-3029791

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

**SHEARER, THOMAS M.
8812 NORTH PALAFOX HIGHWAY
PENSACOLA FL 32534**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SHEARER, THOMAS M.**
STREET ADDRESS **8812 N. PALAFOX HIGHWAY**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **D**
NAME **SHEARER, WANDA M.**
STREET ADDRESS **8812 N. PALAFOX HIGHWAY**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **V**
NAME **PARTER, KIRN**
STREET ADDRESS **4406 LABORDE LANE**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **V**
NAME **CICCONI, STEVE C.**
STREET ADDRESS **8812 NORTH PALAFOX HWY.**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **KNAPP, KAREN**
NAME **KNAPP, KAREN**
STREET ADDRESS **8812 N. PALAFOX HWY.**
CITY - ST - ZIP **PEN. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
32 NAME **V**
33 STREET ADDRESS **Keven Parker**
34 CITY - ST - ZIP **4406 Laborde Lane**
Pensacola, FL

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 110.07(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:

Thomas M. Shearer
THOMAS M. SHEARER

3/21/95 479-4567
Date
Typed Name