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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L65248

(1)

AUTO SHINE PLUS, INC.

FILED May 11 1998 8:00am Secretary of State



							i Piro i Iri 1381 8101 1		.011 0 1011 1061
Principal Place of Business Mailing Address									
C/O THOMAS M. SHEARER 8812 NORTH PALAFOX HIGHWAY PENSACOLA FL \$2534		C/O THOMAS M. SHEARER 8812 NORTH PALAFOX HIGHWAY			DO NO	T WRITE IN THIS S	2 P Δ∩F		
PENSAÇULA P	L 32334	PENDAUQLA FL 32334	PENSACOLA FL 32534			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						04/11/1990	uamou		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3029791 Not Applicable			
Suite, Apt. (#, e1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27				Fee Hequired			
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be			
23	Country	28 7in	T Co	unter e		Trust Fund Contribution			d to Fees
Zip	Country	Zip	\vdash	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 25 Name and Address of Current	29 Agent	30	· · · · ·		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
OLIF	 	Hadistalan Adalit		81	Name	IV. Halle gile Address Of	HOW HOSISTOIDS	- Sour	
	EARER, THOMAS M.				140110				
	2 NORTH PALAFOX HIGHWAY	82 Street Ac			Street Addre	ess (P.O. Box Number is Not A	Acceptable)		
PEN	ISACOLA FL 32534	83					·		
				03					
				84	City		FL	85 Zip	Code
11 Purcuant t	o the provisions of Sections 607.0502	and 607 1508. Florida Sta	alutes the al	hove	-named corno	oration submits this statement	for the nurnose of	changing	its registered
office or re	o the provisions of Sections boy 3502 agi stere d agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Such change w	as authorizei	n bv.	the corporation	on's board of directors. I here	by accept the appo	ointment a	is registered
SIGNATURE	Signature, typed or printed name of registered age:	if and title if applicable. (NOTE: Registerer	d Ager	nt signature require	od when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES 1	O OFFICERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 T/	TLE				☐ Change	Addition
NAME	SHEARER, THOMAS M.		1.2 N/	AME					
STREET ADDRESS	6 812 N. PALAFOX HIGHWAY	1.3 STR		IREET A	ADDRESS				[/
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S1-ZIP		I-ZIP				
TITLE	D DELETE		2.1 1	2.1 TITLE			•	Change	Addition
NAME	SHEARER, WANDA M.		2.2 N/	AM€					
STREET ADDRESS	8812 N. PALAFOX HIGHWAY		2351	TREE 1 A	ADDRESS				
CITY+ST-ZIP	PENSACOLA FL		2 4 0	HY-S	T- Z IP				j
TITLE		DELE t e	3.1 TI	ITIE				Change	Addition
NAME			3.2 N	A E					
STREET ADDRESS			3.3 S1	TEET /	ADDRESS				
CITY-ST-ZIP			34. C	s s	T-ZIP				
TETLE		DELETE	4.1 11	_				Change	Addition
NAME			4.2 N	1 E	1				
STREET ADDRESS			4.3 S1	T,	ADDRESS				
CITY-ST-ZIP			4.4 CI	st	I - ZIP				
TITLE		DELETE	5.1 TI	_		·		Change	Addition
NAME			5.2 N	ø	1				
STREET ADDRESS			5.3 \$	T,	ADDRESS				
CITY-ST-ZIP			5.4 C	ST	I-ZIP				
TITLE		☐ DELETE	6.1 TI	_				Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 5	=	ADDRESS				
CITY-ST-ZIP			640		I-ZIP				
	partify that the information supplied wi	th this filing does not quali				Section 119.07(3)(i) Florida S	labites. I further cer	rlify that th	ne information

Indicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.

priori stated in Section 119.07(3)(r), Florida Statutes. Furrier certify that the informatio hat my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in