

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001853 (9)

1. Corporation Name

OASIS CAR WASH, INC.



Principal Place of Business

1296 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

Mailing Address

1296 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

MASON, SHIRLEY
1296 N. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

03/22/1995

4. FEI Number

59-3161763

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

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person designated to be the registered agent

Signature of person designated to be the registered agent

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

MASON, SHIRLEY
1296 N. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

6. NAME

63. STREET ADDRESS

64. 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)(a), 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, or on an attachment with an address.

SIGNATURE:

Shirley Mason

SHIRLEY MASON

3/14/96

904
487-7365

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)