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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENTIOF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300008700 (5)

STATEWIDE WASHER REPAIR, INC.

Principal Place of Business Mailing Address 4513 BRUTON ROAD 4513 BRUTON ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 3. Date Incorporated or Qualified 02/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3160925 Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 28 23

\$5.00 May Be Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes X No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, JOHN D 4513 BRUTON ROAD

Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 83 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE ☐ Change 🔀 Addition Kevin C. PYFrom SMITH, JOHN D NAME 1.2 NAME 4513 BRUTON ROAD 1803 97-X8 AU-STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP TAMPA FL 33612 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. I 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: John O. Smith Dollar Shit

1/20/98 8/3223 2090

FILED

Jan 29 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

CR2E034

Applied For

\$8.75 Additional

Fee Required

Not Applicable