FILED Apr 30, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000011381

ON THE SPOT CAR WASH & DETAIL, INC.

		_,						
Principal Place of Business Mailing Address					-			
1340 15TH STREET SARASOTA FL 34236		1340 15TH ST Sarasota FL 34236		PO NOT INCITE IN T	UC CDACE			
US					DO NOT WRITE IN TH	IS SPACE		
	د ده میده رخی این اینجهایی ا	يهان سحم ال		مخت	3. Date Incorporated or Qualifed			
A At-The fathers					02/15/1993		aliad Can	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	plied For t Applicable	
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					65-0391461	\$8.75 A		
22 27				5. Certificate of Status Desired Fee Require				
City & State	e .	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Žip <b>24</b>	Country Zip Co  25 29 30		Country	The state of the s		□No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
		<del>_</del>	81	Name				
THOMAS, JAMES W 1340 15TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236			83					
			84	City	F	85 Zip C	Code	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho	rized by	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered Ager	nt signature required	when reinstating) DATE		\	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
ππε	D DELETE 1.1 TI		1.1 TITLE			Change	Addition	
NAME	THOMAS, JAMES W 12N		1.2 NAME					
STREET ADDRESS			1.3 STREET	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			,	
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME				Ì	
STREET ADDRESS			2.3 STREET	ADDRESS			\	
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	_		Change	☐ Addition	
NAME		1	3.2 NAME		•			
STREET ADDRESS			3.3 STREET	TADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE .	DELETE 4.1 TIT		4.1 TITLE			☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		•	5.1 TITLE	-	•	☐ Change	☐ Addition	
TOTAL CONTRACTOR OF THE CONTRA			5.2 NAME			•	İ	
STREET ADDRESS		1	5.3 STREET	TADDRESS				

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition