

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014012 (7)

1. Corporation Name

BLUE HERON CAR WASH, INC.

Principal Place of Business

2535 BROADWAY
RIVIERA BEACH FL 33404

Mailing Address

2535 BROADWAY
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1993

3a. Date of Last Report

10/10/1994

4. FEI Number

65-0392208

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1450 S. Military Trail

2a. Mailing Address

25 1450 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 West Palm Beach, Fla.

27 West Palm Beach, Fla.

City & State

City & State

23 33415

28 33415

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, BRIAN J
C/O ARNSTEIN & LEHR
515 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401

81 Name Lori Beth Miller

82 Street Address (P.O. Box Number is Not Acceptable)

1450 S. Military Trail

83 West Palm Beach, FL.

33415

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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: Lori Beth Miller, Pres.

2/27/95

(Signature, typed or printed name of registered agent and his or her appointment)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

12.5 NAME

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 NAME

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 NAME

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 NAME

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

12.21 NAME

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

12.25 NAME

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY-STATE-ZIP

12.29 NAME

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY-STATE-ZIP

12.33 NAME

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY-STATE-ZIP

12.37 NAME

12.38 NAME

12.39 STREET ADDRESS

12.40 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13.33 TITLE ☐ Change ☐ Addition

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-STATE-ZIP

13.37 TITLE ☐ Change ☐ Addition

13.38 NAME

13.39 STREET ADDRESS

13.40 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: X Lori Beth Miller, Pres.

2/27/95

907-964-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone