

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 30 PM 12:34

DOCUMENT # P93000036234

1. Corporation Name

CAR WASH INDUSTRIES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001445744
-04/03/95--01029--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report

2. Principal Place of Business

21 8647 BLANDING BOULEVARD

Suite, Apt. #, etc.

22 JACKSONVILLE FL

City & State

23 JACKSONVILLE FL

Zip

24 32244

Country

25 DUVAL

2a. Mailing Address

26 702 MICKLER BOULEVARD

Suite, Apt. #, etc.

27 ST AUGUSTINE BEACH FL

City & State

28 ST AUGUSTINE BEACH FL

Zip

29 32084

Country

30 ST JOHNS

4. FEI Number

59-3184044

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

9. Name and Address of Current Registered Agent

HALL, ROSE M.

3689-A1A-SOUTH

ST-AUGUSTINE-FL-32086

10. Name and Address of New Registered Agent

81 Name

HALL, ROSE M.

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

702 MICKLER BOULEVARD

84 City

ST AUGUSTINE BEACH

FL

85 Zip Code
32084

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

ROSE M. HALL PRESIDENT

3/22/95

(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE **P/D**
NAME **HALL, ROSE M.**
STREET ADDRESS **3689 A1A S STE 372**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **V/T/D**
NAME **HALL, KENNETH J.**
STREET ADDRESS **3689 A1A S STE 372**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/T/D

☒ Change ☐ Addition

1.2 NAME

HALL, ROSE M.

1.3 STREET ADDRESS

702 MICKLER BOULEVARD

1.4 CITY-ST-ZIP

ST AUGUSTINE BEACH, FL 32084

2.1 TITLE

V/S/D

☒ Change ☐ Addition

2.2 NAME

HALL, KENNETH J.

2.3 STREET ADDRESS

702 MICKLER BOULEVARD

2.4 CITY-ST-ZIP

ST AUGUSTINE BEACH, FL 32084

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 19.07(2)(g), 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:

ROSE M. HALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

(904) 471-5689

Telephone Number