

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Division of Corporations

APPROVED
AND
FILED

95 MAY - 1 PM 2:13

DOCUMENT # P93000055651 (2)

1. CORPORATION NAME

CROWN CAR WASH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9999 GANDY BLVD
ST PETERSBURG FL 33702

Mailing Address

9999 GANDY BLVD
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3201784

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 negligence for under 2-199, 200, 201,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

City

25

State

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

City

30

State

9. Name and Address of Current Registered Agent

DENHARDT, JAMES W
2700 FIRST AVE N
ST PETERSBURG FL 33713

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 607.0503 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 607.0504, Florida Statutes.

SIGNATURE

(Print name of person who is registered agent or the corporation)

(If the registered agent is a corporation, print name of corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

COVEY, LESLIE F
9999 GANDY BLVD
ST PETERSBURG FL 33702

NAME

STREET ADDRESS

CITY, ST, ZIP

D

COVEY, KAREN D
9999 GANDY BLVD
ST PETERSBURG FL 33702

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change

☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change

☐ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change

☐ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. 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 119.07(8)(b), Florida Statutes. I further certify that the information included 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

LESLIE F. COVEY
Signature and Typed or Printed Name of Signing Officer or Director

1/12/95 813
5760764
Signature (Name)