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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071675 (1)

ASSOCIATED CAR WASH PROFESSIONALS, INC.

FILED Apr 24 1997 8:00am Secretary of State



| SAMFORD FL 32771 SAMFORD FL 32771-7700 3. Date incorporated or Qualified Sa. Date of Least Report 10/11/1/1983 | Principal Place | | Mailing Address | | | , | | | | |
|--|------------------|----------------------------------|---------------------------------------|-------------|-------|----------------------|---|------------------|--|---------------|
| 2. Finicipal Fisice of Flushress | | | 119 DRESDAN CT SANFORD FL 32771-77 | 00 | | | | | | |
| 28 | | | | | | | 10/11/1993 | 1 | | Report |
| Suite Apt #, etc. Suite | | lace of Business | 2a. Mailing Address | | | | | | | |
| Coly & State Color | 21 | | | | | | 59-3233584 | | | ot Applicable |
| 26 | 22 | | 27 | | **** | | 5. Certificate of Status Desired | | | |
| Zop | City & State | e | · | | | | | | | |
| MCLEON, WILLIAM E SR 119 DRESDAN CT SANFORD FL 32771 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City | Z _i p | Country | Zip | | ntry | | · · · · · · · · · · · · · · · · · · · | | | s. 199.032, |
| MCLEOD, WILLIAM E SR 119 DRESDAN CT SANFORD FL 32771 11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its register 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 registere agent are transfer with, and accept the obligations of, Section 607 (505, Florida Statutes, Statutes). SIGNAT URE SIGNAT URE 12. OFFICER SAND DIRECTORS 1.1. INTERPLETED STATE | 24 | | | 30 | ····- | | | | | |
| ## NUTLEWINE SHAPE 119 DRESDAN CT \$4 | | | nt negistered Agent | | 81 | Name | IU. Name and Address of New Ne | Bisieleo N | Detir | |
| SANFORD FL 32771 | MCL 119 | LEOD, WILLIAM E SK DRESDAN CT | | | | | ress (P.O. Box Number is Not Acceptab | le) | | |
| The Fusion 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 register agont it am familiar with, and accept the appointment as registere agont it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutor, and accept the appointment as registere agont it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutor, and the corporation's board of directors. I hereby accept the appointment as registere agont it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutor, and the corporation's board of directors. I hereby accept the appointment as registere agont of the corporation's board of directors. I hereby accept the appointment as registere agont is an familiar with, and accept the obligations of, Section 607.0505, Florida Statutor, and the corporation's board of directors. I hereby accept the appointment as registere agont is a familiar and accept the obligations of, Section 607.0505, Florida Statutor, and the corporation's board of directors. I hereby accept the appointment as registere agont is a familiar and accept the obligations of, Section 607.0505, Florida Statutor, and the corporation's board of directors. I hereby accept the appointment as registere agont is a familiar and accept the obligation's corporation's board of directors. I hereby accept the appointment as registere agont and accept the appointment as registere agont agont accept the obligation's DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 14. ADME 15. Title 15. Title 16. Change Additional State accept the appearance agont agont accept the corporation's DATE. 17. ADME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. Title Accept t | | | | | | 0,10007,1001 | 555 (7.5.5 Son Harrison Is Harrisosphus | | | |
| 11. Pressure to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list register office or reposterod agent, or both in the Statute Statutes. Signature Symbol | | | | | 84 | City | | | 85 Zip | Code |
| office or registrared agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registere agent af manhar with, and accept the obligations of, Section 607 605, Florida Statutes. SIGNATURE | | | | | | | | | ــــــــــــــــــــــــــــــــــــــ | |
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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 uport 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: