

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 MAY -1 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000072059 (7)

1. Corporation Name

WASH KING, INC.

Principal Place of Business

**11553 C.R. 315
FT MCCOY FL 32134**

Mailing Address

**11553 C.R. 315
FT MCCOY FL 32134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

08/15/1994

4. FEI Number

59-3205811

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**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETCH, NELSON C
11553 C.R. 315
FT MCCOY FL 32134**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BENNETCH, NELSON C
STREET ADDRESS	11553 C.R. 315
CITY - ST - ZIP	FT MCCOY FL 32134
TITLE	D
NAME	BENNETCH, JOANNE C
STREET ADDRESS	11553 C.R. 315
CITY - ST - ZIP	FT MCCOY FL 32134
TITLE	D
NAME	BENNETCH, MICHAEL C
STREET ADDRESS	12451 C.R. 315
CITY - ST - ZIP	FT MCCOY FL 32134
TITLE	D
NAME	BENNETCH, MARK
STREET ADDRESS	12595 C.R. 315
CITY - ST - ZIP	FT MCCOY FL 32134
TITLE	D
NAME	BENNETCH, MITCHELL
STREET ADDRESS	RT 1 BOX 1027-1
CITY - ST - ZIP	ANTHONY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

Nelson C Bennetch

Nelson C. Bennetch

4/28/95
(date)

(904) 236-7805
(phone number)