

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000080259 (3)**

1. Corporation Name
A-PLUS CAR WASH, INC.



Principal Place of Business: **8350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE FL 34952**
Mailing Address: **8350 SOUTH U.S. HIGHWAY ONE PORT ST. LUCIE FL 34952**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **11/22/1993**
3a. Date of Last Report: **04/18/1995**
4. Fil Number: **65-0451711**
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 Statute: Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **Miki P. Floyd**
82 Street Address (P.O. Box Number is Not Acceptable): **1225 SW MAGNOLIA BLUFF DR.**
83
84 City: **Palm City** FL 85 Zip Code: **34990**

11. Pursuant to the provisions of Section 609.012, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with and accept the provisions of Section 609.012, Florida Statutes.

SIGNATURE: *Miki P. Floyd* Miki P. Floyd (Sgt.)

4-4-96

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	FLOYD, STEVEN T.	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY, ST, ZIP	PALM CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FLOYD, MIKI P	
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE	
CITY, ST, ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is valid, true, and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this filing is a report or supplemental annual report as required and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. For the use of the Department of State, this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, is on file attached with an affidavit.

SIGNATURE: *Steven T. Floyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN T. FLOYD

4-4-96 407-878-0242

CR2E034 (12/95)