

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

3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 04/18/1995
4. Fil Number 65-0451711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 State	FL
		86 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

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	PVP
NAME	FLOYD, STEVEN T.
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE
CITY, ST, ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST
STREET ADDRESS	FLOYD, MIKI P
CITY, ST, ZIP	1225 MAGNOLIA BLUFF DRIVE
	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
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 attached and 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)