

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**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
11/22/1993	04/18/1995
4. Fil Number	Applied For
65-0451711	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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
	State	FL
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	PVP FLOYD, STEVEN T.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE		
CITY, ST, ZIP	PALM CITY FL		
	ST FLOYD, MIKI P.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1225 MAGNOLIA BLUFF DRIVE		
CITY, ST, ZIP	PALM CITY FL		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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. 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 not 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)