

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 12:04

DOCUMENT # P93000084677 (2)

1. Corporation Name

COCONUT GROVE CAR WASH, INC.

Principal Place of Business

8721 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address

535 N. Tyndall Parkway
Panama City, Florida 32404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

04/06/1994

4. FEI Number

59-324802
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

2a. Mailing Address

535 N. Tyndall Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

City & State

Zip

Country

Zip

Country

24

25

29 32404

30

Bay

9. Name and Address of Current Registered Agent

PHILLIPS, JOHN W
9721 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

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 of person or persons authorized to register agent and take oaths also

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PHILLIPS, HELMA

STREET ADDRESS

7001 HUGH DRIVE

CITY ST ZIP

PANAMA CITY FL 32404

TITLE

D

NAME

PHILLIPS, JEFFREY W

STREET ADDRESS

9721-B FRONT BEACH RD.

CITY ST ZIP

PANAMA CITY BEACH FL 32407

TITLE

D

NAME

MILLS, JOANIE L

STREET ADDRESS

1114 RADCLIFF

CITY ST ZIP

LYNN HAVEN FL 32444

TITLE

D

NAME

PHILLIPS, DUANE J

STREET ADDRESS

6511 HEATHER MARIE LANE

CITY ST ZIP

PANAMA CITY BEACH FL 32404

TITLE

P

NAME

PHILLIPS, JOHN W

STREET ADDRESS

535 N. TYNDALL PARKWAY

CITY ST ZIP

PANAMA CITY FL 32404

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I certify hereby that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(b)(ii), 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: *John W. Phillips* John W. Phillips 2/27/95 (904) 795-7344



P93000684671

March 28, 1995

Please send all
Correspondence to the
following address:

Coconut Grove Car Wash
535 N. Lyndall Parkway
Panama City, Fl. 32404

Sincerely
John W Phillips
President

FEI Number 59-3214802

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12:54**

DOCUMENT # P93000084774 (7)

1. Corporation Name

GORDON & CHERI LOWE, INC.

Principal Place of Business

**ROUTE 3, BOX 77B
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**P. O. BOX 488
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

01/10/1995

4. FEI Number

59-3321126

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LOWE, GORDON
ROUTE 3, BOX 77B
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME LOWE, GORDON
STREET ADDRESS RT. 3 BOX 77B
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433**

**TITLE TS
NAME LOWE, CHERI
STREET ADDRESS RT. 3 BOX 77B
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

Gordon Lowe Pres.
GORDON LOWE
PRES.

3/26/95
904-892-2250