FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 1:35

DOCUMENT # **P94000026665 (7)**

1. Corporation Name

DOLPHIN DETAILING, INC.

Principal Place of Business	Mailing Address
11604 ORANGE BLOSSOM LN BOCA RATON FL 33428	11604 ORANGE BLOSSOM LN BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 6366 BENGAL CIR
22: Suite, Apt. #, etc.
23: City & State: BOYNTON BCH FL
24: Zip: 33437
25: Country: U.S.A

2a. Mailing Address
26: 6366 BENGAL CIR
27: Suite, Apt. #, etc.
28: City & State: BOYNTON BCH FL
29: Zip: 33437
30: Country: U.S.A

4. FEI Number: 65-0485019
☐ 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

9. Name and Address of Current Registered Agent

FLOWERS, THOMAS
11604 ORANGE BLOSSOM LN
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: FLOWERS, THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 6366 BENGAL CIR.
83:
84 City: BOYNTON BCH FL 85 Zip Code: 33437

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: _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☐ Addition
NAME	FLOWERS, THOMAS	12 NAME	FLOWERS, THOMAS	
STREET ADDRESS	11604 ORANGE BLOSSOM LN	13 STREET ADDRESS	6366 BENGAL CIR	
CITY ST ZIP	BOCA RATON FL 33428	14 CITY ST ZIP	BOYNTON BCH. FC 33437	
TITLE	D	21 TITLE	VP	☐ Change ☐ Addition
NAME	FLOWERS, ROSEANN	22 NAME	FLOWERS ROSEANN	
STREET ADDRESS	11604 ORANGE BLOSSOM LN	23 STREET ADDRESS	6366 BENGAL CIR.	
CITY ST ZIP	BOCA RATON FL 33428	24 CITY ST ZIP	BOYNTON BCH FL 33437	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 119.07(3)(i), 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: Thomas H. Flowers THOMAS H. FLOWERS 5-30-95 (407) 732-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0255233 CP