

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90214 029 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000048234**

1. Corporation Name  
**NU SHINE AUTO DETAIL, INC.**

Principal Place of Business  
 13507 N FLORIDA AVE  
 TAMPA FL 33613

Mailing Address  
 13507 N FLORIDA AVE  
 TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/15/1994**

4. FEI Number **59-3249544** Applied For  
 Yes  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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONLEY, ROBERT S**  
 13507 N FLORIDA AVE  
 TAMPA FL 33613

81 Name **Michael C. Boyette**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**The 3 Travel in Wa Taxman**  
 83 **28237 SR 54 West**  
 84 City **Wesley, Chapel** **FL** 85 Zip Code **33544**

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 *Michael C. Boyette* **Michael C. Boyette** **03/04/99**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
 NAME **CONLEY, BRYAN E**  
 STREET ADDRESS **8333 IDLE TIME RD**  
 CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE **Vice President/Director**  Change  Addition

TITLE **VPD**  
 NAME **CONLEY, ROBERT S.**  
 STREET ADDRESS **8333 IDLE TIME RD**  
 CITY-ST-ZIP **BROOKSVILLE-FL**

2.1 TITLE **President/Director**  Change  Addition

TITLE  DELETE

3.1 TITLE  Change  Addition

TITLE  DELETE

4.1 TITLE  Change  Addition

TITLE  DELETE

5.1 TITLE  Change  Addition

TITLE  DELETE

6.1 TITLE  Change  Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *R. Harris* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date Daytime Phone #

CR2E034 (1/98)