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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT	Secretary DIVISION OF CO			
	0071362 (5)		1	
Corporation Name CACKETT CAR WASH, INC.	, ,		A SECULAR ME SEMI ASM BANK BANK	
ONONETT OF A TOTAL OF				
ncipal Place of Business	Mailing Address		f illfillit his latte stein anne sam	BRITI SETTI 1885 1115 SAME AND
18 N.W. THIRD AVENUE OCALA FL 34475	18 N.W. THIRD AVENUE OCALA FL 34475			
JOHEN TE VIIIV			3. Date incorporated or Qualified 09/28/1994	3a. Date of Last Report 04/14/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3275080	Applied For Not Applicable
502 S.W 17th. ST.	26	m6	5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	27 5/	111		Fee riequired
City & State CORIDA	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199.032, □ No
34474 [25] MAKLION		30	Florida Statutes Yes 10. Name and Address of New F	
9. Name and Address of Currer	nt Registered Agent	81 Name	hilip C. CACKE	1 .
MCGOVERN, DAVID-O-		82 Street Add		
18 N.WTHIRD AVENUE			ress (P.O. Box Number is Not Acceptal	
OCALA FL 34475		83	4-	
		84 City 0		FL 85 Zip Code 34472
Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of Sec	tion 607.0505, Florida Statutes	de la corporation's boo	ard of directors. I hereby accept the app arbito	2-14-96
Signature typed or printed name of registered age:	Tand Dichapted (NO)	Rugisterad Agree signature retire 13.	ad when revisial ingli ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
ILE D	DELETE	1 1 TILLE		Change Addition
CACKETT, PHILIP		1.2 NAME		
REET ADDRESS 11 SPRING LOOP COURT		1 3 STREET ADDRESS 1 1 4 CIBY - ST - ZIP		
TY-ST-ZIP OCALA FL 34472	DELETE	2 1 TITLE		Change Addition
rle Ame		2.2 NAME		
TREET ADDRESS		2.3 STREET ADDRESS		
TY-ST-ZIF	DELETE	2.4 CHY-ST-ZIP 3.1 TILE		Change Addition
TLE	[] Otter	3.2 NAME		
AMF Treet address		3.3 STREET ADDRESS		
ITY - ST - ZIP	FIREITE	3 4 City - ST - ZiP		Change Addition
TLE	☐ DELETE	4 1 Title 4 2 NAME		
IAME		4.3 STREET ADDRESS		
TREET ADDRESS ITY-ST-7IP		4.4 CHY - ST - ZIF		Cross D Addition
ITLE	☐ DELĒTĒ	5 1 TiTLE		☐ Change ☐ Addition
IAME		5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS		5 4 CITY - ST - ZIP		
OTY-ST-7IP	DELETE	6 1 TITLE		Change Additio
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREFT ADDRESS		
0.11 V . ST . 7/P		6 4 C/TY - S1 - ZIP	for the exemption stated in Section 1	19 07(3)(k) Florida Statutes, I further
1.4 Lda barahy certify that the information exmalic	ad with this fling is voluntarily turn	ished and does not quali	y 101 the exchiption states in action	he came local offect as if made under
certify that the information indicated on this at	rnoration or the receiver or truste	e en powered to execute	urate and that my signature shall have this report as required by Chapter 607.	he same legal effect as if made unde Florida Statutes; and that my name
(IIV-5*-ZIP) 14. I do hereby certify that the information supplic certify that the information indicated on this are oath; that I am an officer or director of the co- appears in Block 12 or Block 13 II changed.	rporation or the receiver or truste	e en powered to execute	urate and that my signature shall have this report as required by Chapter 607. ACKELL 2-14-96	Florida Statutes; and that my name