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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071362

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90037 030 ***150.00

CACKET	T CAR WASH, INC.		•							
Principal Place	of Business	Mailing Address			_	T I MANIMANT TIM NAVIT MENTE MARIET AN	BEN MANN RESIN		i Mirso ilor (Bar	
502 S.W. 17TH		502 S.W. 17TH STREET								
OCALA FL 34474 OCALA FL 34474						20.107.117		CDAGE		
us us			•			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						09/28/1994				
2. Principal Pl	ace of Business	2a. Mailing Address			_	4. FEI Number		At	plied For	
21		26			د. کند - محس	59-3275080			t Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional	
22		27				5. Certifcate of Status Desired		Fee R	equired	
City & State	e	City & State	_			6. Election Campaign Financing		•	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip		intry		g. This corporation owes the curr	rent year Int	angible □ Yes	₩No	
24	25	29 29 A 2001	30	1		Personal Property Tax. 10. Name and Address of New I	Ranistarad		LWINO .	
	g. Name and Address of Curre	ent Registered Agent		81	Name	10. Hame and Address of New 1	rogistered.	- gont		
PHIL	JP E. CACKETT			Ш						
	PRING LOOP CT.			82	Street Add	dress (P.O. Box Number is Not Accept	able)			
·OCA	LA FL 34472			83			P			
	•			Ш				* Ta=1 =:		
l .				84	City		FL	85 Zip	Code	
										
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida State	utes, the a	bove-	-named cor	poration submits this statement for the	purpose of	changing its	registered	
office or n	existered agent or both in the State	a of Florida. Such change was	authorizer	d hv ti	-named cor he corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered egistered	
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	a of Florida. Such change was	authorizer	d hv ti	-named cor he corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered egistered	
office or no agent. I as	existered agent or both in the State	e of Florida. Such change was gations of, Section 607.0505, F	authorized lorida Stat	d by ti utes.	he corporat	red when reinstating)	pt the appoi	ntment as re	gistered 	18
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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, pron an attachment with an address, with all other like empowered.

SIGNATURE:

3528670644