

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P950000 32227**

1. Corporation Name

The Finish Line Car Wash, Inc.

Principal Place of Business

4640 Highway 90
Marianna, FL 32447

Mailing Address

P.O. Box 495
Marianna, FL 32447

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 6047

27 Suite, Apt. #, etc.

28 City & State

Marianna, Florida

29 Zip

32447

30 Country

USA

3. Date Incorporated or Qualified
4-25-95

3a. Date of Last Report

4. FEI Number

59-3310195

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

J. C. O'Steen
177 Salem Court
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100002235481---4

83

07/11/97-01002-003

84 City

***550.00 FL ***550.00

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 re-installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director ☒ DELETE
NAME CARY B. SAPP
STREET ADDRESS 4539 Putnam Street
CITY-ST-ZIP Marianna, Florida 32447

TITLE Secretary/Director ☒ DELETE
NAME DANNY TATE
STREET ADDRESS 1678 Penny Road
CITY-ST-ZIP Marianna, FL 32431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME WALLACE E. SAPP
1.3 STREET ADDRESS P.O. Box 6047, N/A
1.4 CITY-ST-ZIP Marianna, Florida 32447

2.1 TITLE Secretary/Director ☒ Change ☐ Addition
2.2 NAME EDNA M. SAPP
2.3 STREET ADDRESS P.O. Box 6047, N/A
2.4 CITY-ST-ZIP Marianna, FL 32447

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 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:

Wallace E. Sapp

(904) 877-1028

CR2E034 (9/96)