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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038198 (4)

1. Corporation Name

SEMINOLE MOBILE CAR CARE, INC.



Principal Place of Business

350 MISSION ROAD
OVIEDO FL 32765

Mailing Address

1108 BLACK AC CT S.
WINTER SPRINGS FL 32708-4435

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 350 Mission Road

Suite, Apt. #, etc.

27 Oviedo, FL 32765

City & State

28 32765

Zip

Country

29

30 Seminole

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

08/07/1996

4. FEI Number

59-3389042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

NICHOLS, CLAUDE A JR.
350 MISSION ROAD
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME PIMENTA, CHARLES R
STREET ADDRESS 600 NORTH LN WAY #102
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

TITLE ST
NAME PIMENTA, SHARON A
STREET ADDRESS 1108 BLACK AC CT S
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

TITLE CEO
NAME NICHOLS, JR., CLAUDE A.
STREET ADDRESS 350 MISSION ROAD
CITY-ST-ZIP OVIEDO, FL 32765

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1108 BLACK AC CT. S
WINTER SPRINGS, FL 32708

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CEO ~~OMITTED~~
NICHOLS, JR., CLAUDE A.
350 MISSION ROAD
OVIEDO, FL 32765

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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: Claude A. Nichols Jr. 6/19/97 407/966-7000

CR2E034 (9/96)