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Apr 07 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 # **P95000071696 (5)**

1. Corporation Name
TOUCHLESS LASER CAR WASH, INC.

Principal Place of Business	Mailing Address
2140 PAGET CIRCLE C/O LAWRENCE G. SUMMERFIELD NAPLES FL 33962	2140 PAGET CIRCLE C/O LAWRENCE G. SUMMERFIELD NAPLES FL 34112-4207

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: 65-0609838 ☐ 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

~~GARLICK, THOMAS B ESQ.~~
~~HARTER, SECREST & EMERY~~
~~800 LAUREL DRIVE, SUITE 400~~
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ANNIS MITCHELL & ASSOCIATES
83: 8889 PELICAN BAY BOULEVARD Suite 300
84 City: Naples FL 85 Zip Code: 34108

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. The 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: Thomas B Garlick
Signature of new or former registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERFIELD, LAWRENCE G		1.2 NAME		
STREET ADDRESS	2140 PAGET CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERFIELD, PATRICIA A		2.2 NAME		
STREET ADDRESS	2140 PAGET CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRINKHOFF, KEVIN P		3.2 NAME		
STREET ADDRESS	5102 HARROGATE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRINKHOFF, DARCEY L		4.2 NAME		
STREET ADDRESS	5102 HARROGATE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Patricia A Summerfield (Sec/Treas.) 3-10-97 941-775-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414831