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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082132

Corporation Name

TAMPA CAR WASH PROPERTIES, INC.

Principal Place of Business Mailing Address					1 10811001 (18 101	DI 8581) BENI DENI 1988 E	8186 IQIIN 11887 IS 88) (1 10 110 110 110 1	
2002 N LOIS A	2002 N LOIS AVE	DIS AVE							
SUITE 460 SUITE 460				DO NOT WRITE IN THIS SPA		HIS SPACE			
TAMPA FL 33607 TAMPA FL 33607						3. Date Incorporated or Qualifed			
					10/25/1995				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apı	olied For	
21 3704 V	W. Swann Avenue	26 P.O. Box 255	531		59-3339944		No	Applicable	
Suite, Apt. #, etc. Suite, Apt.					5. Certifcate of Statu	s Desired	\$8.75 A		
22		27					Fee Re	 	
City & Stat		City & State	=	- 01	6. Election Campaign	- 11	\$5.00	•	
23 Tampa,		28 Tampa, FL 33	3622-5 Country		Trust Fund Contrib		Added to	o rees	
Zip	Country 25	<u> </u>	50 COUNTRY	-	This corporation of Personal Property			□No	
24	9. Name and Address of Curren				10. Name and Addre				
			81	Name					
KRA	use, thomas s		82	Street	Address (P.O. Box Number is	Not Acceptable)			
4301 WOODMERE RD			92	Sueer	Address (F.O. DOX Number is	(Not Acceptable)			
TAM	PA FL 33609		83						
			84	City			85 Zip C	Code	
				- 7		_	- <u>L</u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	the abov	e-named	corporation submits this state	ment for the purpose	e of changing its	registered sistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	i.	Made 13 board of directors.	loreby dodopt will up	pomanom do res	,	
SIGNATURE						<u>-</u>			
40	Signature, typed or printed name of registered agen		tegistered Age	nt signature re	equired when reinstating)	DATE GES TO OFFICERS		RS IN 12	
12.		ID DIRECTORS	1.1 TITLE		AUDITIONS/CHAN	3L3 TO OTT ICENS	Change	Addition	
NAME	D Krause, Thomas S	_					g-		
	AAAA MAAAMEET DO		1.2 NAME	TADDRESS					
STREET ADDRESS	TAMPA FL		1.4 CITY-S						
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	1-ZIF			☐ Change	Addition	
NAME	PLOUCHER, RAYMOND A		2.2 NAME						
STREET ADDRESS	Leoder Transitor		1	T ADDRESS					
CITY-ST-ZIP	TAMPA FL 33625		2. 4 CITY- 5				,		
TITLE	D	☐ DELETE	3.1 TITLE		D		Change	☐ Addition	
NAME	CURCI, FRANCIS M		3.2 NAME		Curci, Francis	м	//		
STREET ADDRESS	1019 GUISANDO DE AVILA		3.3 STREE	TADDRESS	14707 Croydon				
CITY-ST-ZIP	TAMPA FL 33613		3.4. CITY-5	ST-ZIP	Tampa, FL 336				
TITLE	D	☐ DELETE	4.1 TITLE		rampay 11 000	10	Change	Addition	
NAME	ANDERSON, RICK A		4, 2 NAME						
STREET ADDRESS	7603 LAKE CYPRESS DR		4.3 STREE	TADDRESS					
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE .	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
	{		# cheree	TADDRESS					

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, or 67 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/99 (413) 879-6666

FILED

05-24-1999 90017 037 ***150.00

May 24, 1999 8:00 am Secretary of State