

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085021 (0)

1. Corporation Name

TJB AUTO WASH, INC.



Principal Place of Business

4427 W. KENNEDY BLVD
SUITE 375
TAMPA FL 33609

Mailing Address

4427 W. KENNEDY BLVD
SUITE 375
TAMPA FL 33609

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8211 W. Hillsborough Ave.

26 2306 W. Kennedy Blvd.

4. FEI Number

Applied For

59-3344584

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Tampa, FL

27 City & State
Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

USA

29 Zip

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIRCKS, TOMMI G
6105 MEMORIAL HIGHWAY
SUITE C
TAMPA FL 33615

61 Name

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

63

64 City

FL

65 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DIRCKS, TOMMI G
STREET ADDRESS 6105 MEMORIAL HWY, SUITE C
CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Thomas J. Brown
1.3 STREET ADDRESS 4427 W. Kennedy Blvd., #375
1.4 CITY-ST-ZIP Tampa, FL 33609

TITLE D ☐ DELETE
NAME BROWN, THOMAS J
STREET ADDRESS 4427 W. KENNEDY BLVD, STE 375
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
2.2 NAME Patricia M. Brown
2.3 STREET ADDRESS 2306 W. Kennedy Blvd.
2.4 CITY-ST-ZIP Tampa, FL 33609

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE: Patricia M. Brown, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

813-254-9800

Daytime Phone #

CR2E034 (12/95)