FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 22 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 # P96000078962

1. Corporation Name
North Magnolia Car Wash, Inc.

Principal Place of Business
1809 N. Magnolia Ave.
Ocala, FL 34475

Mailing Address
405 Melrose Landing Blvd.
Hawthorne, FL
32640

3. Date Incorporated or Qualified: 9/24/96
3a. Date of Last Report: NA

2. Principal Place of Business
21: 1809 N. Magnolia Ave
Suite, Apt. #, etc. 22: —
City & State 23: Ocala, FL
Zip 24: 34475 Country 25: Marion

2a. Mailing Address
26: 405 Melrose Landing Blvd.
Suite, Apt. #, etc. 27: —
City & State 28: Hawthorne, FL
Zip 29: 32640 Country 30: Putnam

4. FEI Number: 59-3401111 ☐ 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
Dean A. Haynes
405 Melrose Landing Blvd.
Hawthorne, FL 32640

10. Name and Address of New Registered Agent
81 Name: DEAN A. HAYNES
82 Street Address (P.O. Box Number is Not Acceptable): 405 Melrose Landing Blvd.
83
84 City: Hawthorne FL 85 Zip Code: 32640

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: NA DEAN A. HAYNES — 5/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dean A. Haynes 405 Melrose Landing Blvd. Hawthorne, FL 32640	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Gail B. Haynes (above)	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gail B. Haynes (above)	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Gail B. Haynes (above)	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

5.22.97

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***165.00

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: DEAN A. HAYNES 4/29/97 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #