## 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 # P97000083463

1. Corporation Name

SWIFTY CARWASH & QUIK-LUBE, INC.

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90233 009 \*\*\*150.00



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Principal Place of Business Mailing Address									
17521 CRAWLEY RD 17521 CRAWLEY RD ODESSA FL 33556 ODESSA FL 33556									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		31 ACE	
			_			09/23/1997			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Ar	pplied For
21 32663 U.S. 19 North 26						65-0783722		No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22   27     City & State   City & State						6. Election Campaign Financing		\$5.00	May Be
23 Palm Harbor, FL. 28						Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		intry		8. This corporation owes the cur	rent year Inta		□No
24 34684 25 0.5. 29 30					Personal Property Tax.			LINO	
	9. Name and Address of Curre	nt Registered Agent			l	10. Name and Address of New	kegistered /	vgent	
	EDITO DAIAD M			81	Name				
JEFFRIES, DAVID M 220 SOUTH FRANKLIN ST				82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
TAMPA FL 33602				83					
				84	City			85 Zip	Code
				<u></u>			FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the a	bove	e-named corp	poration submits this statement for the on's board of directors. I hereby acce	: purpose of o	changing its	s registered eaistered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.05	505, Florida Stat	utes	ul <del>le corpora</del> u i.	pris board of difactors. Thereby acce	pt trio appoir	andni do i	,,
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	l Ager	nt signature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DPS DELETE 1.1		TLE				Change	☐ Addition	
NAME	STEELE, RACHEL		1.2 NA						
STREET ADDRESS			TREET	TADDRESS					
1	ODESSA FL 33556			1.4 CITY-ST-ZIP					ļ
CITY-ST-ZIP TITLE	)T , DELETE 2.1			11-27	<del>-</del>		☐ Change	Addition .	
	<del></del>								_
NAME	LIPSCH, RAYMOND							}	
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP				ST-ZIP	<del></del>		Change	☐ Addition	
TITLE	DV	, Li bei						□ ouange	
NAME	HUGHES, DONALD C		3.2 N						,
STREET ADDRESS			3.3 S	TREE	TADORESS				
CITY-ST-ZIP	ODESSA FL 33556				ST-ZIP				
TITLE		☐ DEI	LETE 4.1 TI	ITLE				☐ Change	☐ Addition
NAME	<b>\</b>		4.21	IAME	}				,
STREET ADDRESS	s		4.3 S	TREE	T ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-S	IT-ZIP				
TITLE				5.1 TITLE			·	Change	☐ Addition
NAME			5.2 N	AME					İ
STREET ADDRESS			5.3 \$	TREE	TADORESS				
	]		5.4 C	ITY-S	ST-ZIP				1
CITY-ST-ZIP	<del> </del>	□ DE						☐ Change	☐ Addition
	·	ے در	6.2 N						_
NAME	1		5.Z 10		ı				

CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS