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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104899 (4)

CHRISTIAN BROTHERS AUTO DETAILING, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		
9409 RIPLEY	ROAD	9409 RIPLEY ROAD		
THONOTOSASSA FL 33592		THONOTOSASSA FL 33592		DO MOT MODE IN THE ODA OF
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
- Di		T 2 - 44 - W - 4 - 14 - 15 - 15 - 15 - 15 - 15 - 15		12/12/1997
	ace of Business	2a. Mailing Address	1 2,	4. FEI Number Applied For
	Niversity Woods PLACE	Suite Apt. #, etc.	soods Thac	
Suite, Apt.	₩, 9 1C.	h		5. Certificate of Status Desired See Required
City & State		City & State		
23 TAMP	C 1		,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
7in	Country	28 TAMPA FLA	Country	······································
24 336		29 33612 30	7	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 000	a. Name and Address of Current		I WICESO.	10. Name and Address of New Registered Agent
MAIL VERCON ANTONIO T				
HAICOLD III LE DWYVII CHA				
THONOTOSASSA FL 33592				
יחו	UNU 1 USASSA FL 33382		63	VV. WAILES ME . S IE A
			B4 City	FL 85 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				
11. Pursuant to the provisions of sections of 2002 and 607 1500, Florida Statules, the above-harned 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 Statules.				
agent. I a	m familiar with, and accorpt the obligati	ons of, Section 607.0505, Floric	a Statutes.	, 1 1
SIGNATURE Storpture, typed or project before all postered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE				
40	Storpture, typed or prioled hafrie of registered again. OFFICERS AND		egistered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICENS AND	DINECTORS	1.1 TITLE	PREST DEAT
	WILKERSON, Ar	1 FONID T	1.2 NAME	John Lee Gren Is
NAME	9409 RIPLEY R.			
STREET ADDRESS			1.3 STREET ADDRESS	1530 UNIVERSITY WOODS PLACE
CITY-ST-ZIP	THONOTOSASS	A JE L 333 7 L	1.4 CITY-ST-ZIP 2.1 TITLE	Vine Populant Change Addition
TITLE				The second of th
NAME			22 NAME	Handbon James Hills 16548 Brygadoon Dr.
STREET ADDRESS			2.3 STREET ADDRESS	Tampa FIA. 33618
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZiP	Change Addition
TITLE			3.1 TITLE	Change C Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		- Delete	3.4. CITY-ST-ZIP	□ N □ 14400°-
TITLE		☐ DELETE	4.1 TITLE	L} Change
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITUE	L_! Change L_! 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			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information mature 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.				