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 # P98000012004

1. Corporation Name

QUALITY CAR WASH, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90002 034 ***150.00



16730 SOUTH U.S. HIGHWAY 441 SUMMERFIELD FL 34491		16730 SOUTH U.S. HIGHWAY 441 SUMMERFIELD FL 34491				20.4	OT WOITE IN TH	IS SDACE	
						3. Date Incorporated or	OT WRITE IN TH	S SPACE	
					İ	02/06/1998			1
	ace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21 16714 2	South U.S. HWY 441	26				59-3492	288	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D		\$8.75 A	
22		27				5. Commode of Clouds B		Fee Re	quired
City & State	е	City & State				6. Election Campaign Fit	- 11	\$5.00	.,
23		28	0			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	iry		This corporation owes Personal Property Tax	-	Intangible	₽ No
24	9. Name and Address of Current	29 3	0 [10. Name and Address			
	9. Name and Address of Current	redistared where		31 N	lame				
AME		MAKI			ark Griffi	745		·	
343	almeria avenue	82 Street Ad			itreet Addres	Idress (P.O. Box Number is Not Acceptable)			
COR	AL GABLES FL 33134		8	33	1100 <u>0.</u>	<u> </u>			
									2-4-:
			8	34 C	ity Bel	Leview	F	25 Zip C	420
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ove-na	amed corpor	ation submits this statemer	nt for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State on familiar with, and accept the poligat	nt Florida. Such change was aut	norizea a	วง เทe	corporation	's board of directors, I here	by accept the app	ointment as req	jistered .
SIGNATURE		Jicha Pass.					- ///	199	
SIGNATURE	Signature, typed or printed name of registered a fen		legistered A	gent sig	nature required w		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITLE	E				Change	☐ Addition
NAME	GRIFFITHS, MARK L		1.2 NAM	E					Ì
STREET ADDRESS	16730 SOUTH U.S. HIGHWAY	141	1.3 STR	EET ADI	DRESS				
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY	- ST-ZI	>				
TITLE	VD	☐ DELETE	2.1 TITLE	E				Change	Addition
NAME	Griffiths, Terry L		2.2 NAM	E					ì
STREET ADDRESS	16730 SOUTH U.S. HIGHWAY	141	2.3 STR	EETADI	DRESS				ſ
CITY-ST-ZIP	SUMMERFIELD FL 34491		2.4 CIT	Y-\$T-Z	ip				,
TITLE	S	☐ DELETE	3.1 TITL	E				☐ Change	☐ Addition]
NAME	GRIFFITHS, BRENT A		3.2 NAM	ΙE		•			i
STREET ADDRESS	16730 SOUTH U.S. HIGHWAY	441	3.3 STRI	EETAD	DRESS				ļ
CITY-ST-ZIP	SUMMERFIELD FL 34491		3.4. CITY	Y-ST-Z	iP				}
TITLE		☐ DELETE	4.1 TITL					Change	☐ Addition
NAME			4. 2 NAN	Æ				•	
STREET ADDRESS			4.3 STR	EETAD	DRESS				
CITY-ST-ZIP			4.4 CITY		ì				
TITLE		☐ DELETE	5 1 TITU			······································		Change	☐ Addition
NAME			5.2 NAM	1E			:	-	
STREET ADDRESS			53 STRI	EET ADI	DRESS	•			
CITY-ST-ZIP			5.4 CITY	'-ST-ZII	P	•	•		
TITLE		☐ DELETE	6.1 TITL	E				☐ Change	☐ Addition
NAME			6.2 NAM	Œ					İ
STREET ADDRESS			6.3 STR	EET ADI	DRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: Maik