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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S51675

(4)

WALSH WASH, INC.

Principal Piace of Business

6875 ULMERTON RD

Mailing Address

6875 ULMERTON RD



| | | | | | 3. Date Incorporated or 0 05/09/1991 | Qualified | 3a. Date o 02/ | 10/199 | 5 | |
|---|--|-----------------------------------|--|---|--|----------------|-------------------|------------------|--|--|
| 111111 | ce of Business | 2a. Mailing Address | Tela | D. 41 | 4. FEI Number 59-2739570 | | | | oplied For | |
| | S.R. S. 2 Hudson, | FL 26 1/01 Eden | 151e | Ur, IV | 29-2139310 | | | | ot Applicable | |
| Suite, Apt. # | , etc | Suite, Apt. #, etc. | | | 5. Certificate of Status D | esired | | • | Additional Required | |
| City & State | Son Fl | City & State Lers 6 | com l | FL | Election Campaign Fin Trust Fund Contribution | _ | | | May Be I to Fees | |
| 70 2 11 C | Country | 70 - 0 - 11 | | rellas | | ability for in | | | | |
| 44 ک | 61 25 Pasco | | 0 F1 | <u>relies</u> | | ☐ Yes | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | l Name | 10. Name and Address | of New Re | gistered Ag | ent | | |
| | | | 61 | Name | | | | | | |
| | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | STREET NORTH | | 83 | | , | | | | | |
| SI. PEII | ersburg fl | | 03 | | | | | | | |
| | | | 84 | City | | | FI | 85 Zip | Code | |
| I. Donavioni to | the provisions of Sections 607.050 | 2 and 607 1508 Florida Statutes | the above. | named corn | oration submits this statement t | for the purn | | ning its re | enistered offic | |
| oz registore | id agent, or both, in the State of Flo. | rida. Such change was authorized. | by the corp | poration's bo | ard of directors. I hereby accep | ot the appo | intment as re | gistered | agent. I am | |
| tamiliar witi GNATURE | i, and accept the obligations of, Sec | cion 607.0505, Fiorida Statutes. | | | | | | | | |
| S | signature, typic tier printen name of registered age | | - | nt signat ire requ | ired when reinstating) | | DATE | | | |
| · | OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES | S TO OFFIC | | | | |
| .F | P | ☐ DELETE | 1 1 TITLE | | | | | Change | ☐ Addition | |
| L. | 15/41 OLL BANZE | | | | | | | | | |
| | WALSH, MIKE | | 1 2 NAME | | | | | | | |
| EFT ADDRESS | 1101 EDEN ISLE DR NE | | 1.3 STREE | T ADDRESS | | | | | | |
| EFT ADDRESS Y-S1-ZIP | | [7] DELETE | 1.3 STREE 1.4 City- | | | | | Change | ☐ Addition | |
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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 eath; 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:

Michael J. Walsh 2-12-96