

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V31824** (8)  
1. Corporation Name  
**WASH MART INC.**



Principal Place of Business  
**1618 GARDNER DR  
LUTZ FL 33549**

Mailing Address  
**1618 GARDNER DR  
LUTZ FL 33549**

3. Date Incorporated or Qualified  
**04/24/1992**

3a. Date of Last Report  
**02/02/1995**

4. FEI Number  
**59-3125063**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
**9999** **\$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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**RILEY, ROBERT A., JR.  
1618 GARDNER DR  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/7/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	RILEY, ROBERT A., JR.	1618 GARDNER DR	LUTZ FL	
T	RILEY, ROBERT A JR	1618 GARDNER DR	LUTZ FL	
VD	TORRES, MICHAEL J.	24417 TWIN LAKE DR	LAND O LAKES FL	
SD	TORRES, MICHELE D.	24417 TWIN LAKE DR	LAND O LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 1 TITLE		
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recipient 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/96**

Date

**813-949-9633**

Daytime Phone #

CR2E034 (12/95)