

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

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90001 012 \*\*\*550.00

DOCUMENT # **V31824** ✓

Corporation Name  
**WASH MART INC.**

Principal Place of Business  
**18 GARDNER DR  
TZ FL 33549**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/24/1992**

4. FEI Number

**59-3125063**

Applied For

Not Applicable

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

1. NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	1.2 NAME	
3. STREET ADDRESS	1.3 STREET ADDRESS	
4. CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	
5. NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME	
7. STREET ADDRESS	2.3 STREET ADDRESS	
8. CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
9. NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME	
11. STREET ADDRESS	3.3 STREET ADDRESS	
12. CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
13. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME	
15. STREET ADDRESS	4.3 STREET ADDRESS	
16. CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
17. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME	
19. STREET ADDRESS	5.3 STREET ADDRESS	
20. CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
21. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME	
23. STREET ADDRESS	6.3 STREET ADDRESS	
24. CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)