

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P32688

(4)

1. Corporation Name

BAY WAY RENT A CAR, INC.

Principal Place of Business

Mailing Address

25 CENTURY BLVD., #204  
NASHVILLE TN 37214

25 CENTURY BLVD., #204  
NASHVILLE TN 37214



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/04/1991

3a. Date of Last Report

08/10/1995

4. FEI Number

62-1221702

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

31. Name

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

33

34. City

FL

35. 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 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 resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PC STEWART, VAN  
STREET ADDRESS  
1108 GLEAVES GLEN DRIVE  
CITY-ST-ZIP  
MT. JULIET TN

TITLE ☐ DELETE

NAME  
VD DOBBS, C.A.  
STREET ADDRESS  
604 MCLAIN  
CITY-ST-ZIP  
NEWPORT AR

TITLE ☐ DELETE

NAME  
SD PEPPERS, HERB  
STREET ADDRESS  
612 WEATHERBEATEN PLACE  
CITY-ST-ZIP  
HERMITAGE TN

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Lynn / CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96 (615)889-5293

Exhibit Form 8

CR2E034 (3/96)