

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 PM 11:40

DOCUMENT # **P93000088065 (6)**  
1. Corporation Name  
**BAY TUNE UP, INC.**

Principal Place of Business Mailing Address  
**356 LISETTE CT.  
FT. WALTON BEACH FL 32547**      **356 LISETTE CT.  
FT. WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **1214 Airport Road** 2a **213 W. 33rd Place**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Panama City** 27 **Panama City**  
City & State City & State  
23 **FL** 28 **FL.**  
Zip Country Zip Country  
24 **32405** 25 **USA** 29 **32405** 30 **USA**

3. Date Incorporated or Qualified **01/01/1994** 3a. Date of Last Report **01/01/1994**  
4. FEI Number **59-3215405** 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RUMMAGE, DAVID M  
356 LISETTE CT.  
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent  
81 Name **same**  
82 Street Address (P.O. Box Number is Not Acceptable) **213 W. 33rd Place**  
83  
84 City **Panama City** 85 Zip Code **FL 32405**

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 **David M. Rummage - President**  **March 29, 1995**  
Signature, typed or printed name of registered agent, and title if applicable. DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RUMMAGE, DAVID M</b>
STREET ADDRESS	<b>356 LISETTE CT.</b>
CITY, ST, ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	<b>ST</b>
NAME	<b>RUMMAGE, PATRICIA A</b>
STREET ADDRESS	<b>356 LISETTE CT.</b>
CITY, ST, ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>same</b>
1.3 STREET ADDRESS	<b>213 W. 33rd Place</b>
1.4 CITY, ST, ZIP	<b>Panama City, FL. 32405</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>same</b>
2.3 STREET ADDRESS	<b>213 W 33rd Place</b>
2.4 CITY, ST, ZIP	<b>Panama City, FL. 32405</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), 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 in an attachment with an address.

SIGNATURE:  **David M. Rummage - President** 3-29-95 904-763-0938  
Typed Name of Signing Officer or Director Date Chapter Number