

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** 28 **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** FL 85 Zip Code **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 date of appointment. DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUMMAGE, DAVID M
STREET ADDRESS	356 LISETTE CT.
CITY, ST, ZIP	FT. WALTON BEACH FL 32547
TITLE	ST
NAME	RUMMAGE, PATRICIA A
STREET ADDRESS	356 LISETTE CT.
CITY, ST, ZIP	FT. WALTON BEACH FL 32547
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	same
1.3 STREET ADDRESS	213 W. 33rd Place
1.4 CITY, ST, ZIP	Panama City, FL. 32405
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same
2.3 STREET ADDRESS	213 W 33rd Place
2.4 CITY, ST, ZIP	Panama City, FL. 32405
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