FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:40

DOCUMENT # P94000023643 (7)

1. Corporation Name
BAY AREA DRIVE SERVICE, INC.

Principal Place of Business	Mailing Address
200 MADONNA BLVD., #27 TIERRA VERDE FL 33715	200 MADONNA BLVD., #27 TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 14019 - 66th St N
22: Suite, Apt. #, etc
23: City & State: Largo FL
24: Zip: 34641
25: Country: Pinellas

2a. Mailing Address
26: 14019 66th St N
27: Suite, Apt. #, etc
28: City & State: Largo FL
29: Zip: 34641
30: Country: Pinellas

4. FEI Number: 59-3244288 ☐ 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

9. Name and Address of Current Registered Agent

SALAMONE, RONALD J
150-2C PINELLAS BAYWAY
SUITE 207
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name: John Sullivan
82 Street Address (P.O. Box Number ~~is Not~~ Acceptable): 329 Paula Drive
83:
84 City: Brandon FL 85 Zip Code: 33511

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: John E Sullivan 6/7/95
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	HARVEY, ROBERT	12 NAME	
STREET ADDRESS	200 MADONNA BLVD., #27	13 STREET ADDRESS	~~14019 66th St~~
CITY ST ZIP	TIERRA VERDE FL 33715	14 CITY ST ZIP	
TITLE	VPSD	21 TITLE	☒ Change ☐ Addition
NAME	~~HARVEY, DIANA~~	22 NAME	Harvey, Robert
STREET ADDRESS	200 MADONNA BLVD., #27	23 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL 33715	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Robert S Harvey Robert S Harvey 6/12/95 (813)530-4808
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0311642 CP