FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000023643

1. Corporation Name

BAY AREA DRIVE SERVICE, INC

Principal Place of Business	Mailing Address
14019 66TH ST N	14019 66TH ST N
LARGO FL 34641	LARGO FL 34641

2. Principal Place of Business	2a. Mailing Address
21	26 14019 66TH ST N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 3/23/94

3a. Date of Last Report:

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

JOHN E SULLIVAN PA
329 PAULS DRIVE
BRANDON FL 33511-4833

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ROBERT S HARVEY		1.2 NAME	MELISSA J. JOHNSON	
STREET ADDRESS	200 MADONNA BLVD		1.3 STREET ADDRESS	4525 44TH AVE N	
CITY-ST-ZIP	TIERRA VERDE FL 33715		1.4 CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	ROBERT S HARVEY		2.2 NAME	MELISSA J JOHNSON	
STREET ADDRESS	200 MADONNA BLVD		2.3 STREET ADDRESS	4525 44TH AVE N	
CITY-ST-ZIP	TIERRA VERDE FL 33715		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT S HARVEY		3.2 NAME		
STREET ADDRESS	200 MADONNA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL 33715		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	800001817378	
STREET ADDRESS			5.3 STREET ADDRESS	-05/13/96--01005--028	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SG 5-1-96	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Melissa Johnson MELISSA JOHNSON 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813)530-4808
Daytime Phone #