

**FILED NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 19 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000096312 (9)**

1. Corporation Name  
**COLA TUNE, INC.**



Principal Place of Business

**805 OLD FORGE ROAD  
POST OFFICE BOX 159  
CHAPLIN SC 29036**

Mailing Address

**805 OLD FORGE ROAD  
POST OFFICE BOX 159  
CHAPLIN SC 29036-0159**

*Mailing  
Address  
change*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **7702 F.M. 1960 E.**

22 City & State

27 **318**

23 Zip Country

28 **Humble TX**

24

29 **77346**

30 **Harris**

9. Name and Address of Current Registered Agent

**TURNER, WILLIAM JAY  
35 EAST 9 MILE ROAD  
PENSACOLA FL 32541**

3. Date Incorporated or Qualified

**11/14/1986**

3a. Date of Last Report

**First Report**

4. FEI Number

**58-2283689**

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D. SECRETARY** ☐ DELETE  
NAME **GRIMAUD, DAVID W**  
STREET ADDRESS **805 OLD FORGE ROAD**  
CITY - ST - ZIP **CHAPLIN SC 29036**

TITLE **D** ☐ DELETE  
NAME **GRIMAUD, JOSEPH A JR**  
STREET ADDRESS **805 OLD FORGE ROAD**  
CITY - ST - ZIP **CHAPLIN SC 29036**

TITLE **VP. TREAS.** ☐ DELETE  
NAME **GARIES, John A. (JR.)**  
STREET ADDRESS **19606 Atascocita Pines**  
CITY - ST - ZIP **Humble, TX. 77346**

TITLE **Pres.** ☐ DELETE  
NAME **W. Jay Turner**  
STREET ADDRESS **32 Ridge View Ct.**  
CITY - ST - ZIP **PENSACOLA, FL. 32514**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Vice-Pres.**  
3.3 STREET ADDRESS **Treasury**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **President**  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

**SIGNATURE REQUIRED**

Date

Daytime Phone • 0012038

**3-15-97 (281-7) 812-4659**

CR2E034 (9/96)