

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Saranda B. Morrow  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

93 MAY -1 AM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S75413** (2)  
1. Corporation Name  
**THE BATTERY TERMINAL, INC.**

Principal Place of Business: **7009 OAKWOOD DRIVE NEW PORT RICHEY FL 34652**  
Mailing Address: **7009 OAKWOOD DRIVE NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1991** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-3085862</b>	Not Applicable
State Apt # etc.	State Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	
23	28	8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BUONINCONTRI, FRANK R. 7009 OAKWOOD DRIVE NEW PORT RICHEY FL 34652</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Authorized Representative) \_\_\_\_\_ (Signature of Registered Agent or Authorized Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>BUONINCONTRI, FRANK R</b>	2. NAME	
3. STREET ADDRESS	<b>7009 OAKWOOD DRIVE</b>	3. STREET ADDRESS	
4. CITY, ST, ZIP	<b>NEW PORT RICHEY FL</b>	4. CITY, ST, ZIP	
5. TITLE	VS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>BUONINCONTRI, KATHI M</b>	6. NAME	
7. STREET ADDRESS	<b>7009 OAKWOOD DRIVE</b>	7. STREET ADDRESS	
8. CITY, ST, ZIP	<b>NEW PORT RICHEY FL</b>	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(6)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A, if changed, or on an attachment with an address.

SIGNATURE: *Kathi Buonincontri* *Frank Buonincontri* 1/31/95 813 845 7865  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR