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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 250944

(6)

BATTERY SALES AND SUPPLY, INC.

Principal Place of Business	Mailing Address
2021 PHILLIPPI ST.	2021 PHILLIPPI ST.
Sarasota Fl 34231	Sarasota fl 34231

22500

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				3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1961 03/21/1995
	ace of Business	2a. Mailing Address		4. FEI Number Applied F. 59-1055739 Not Applie
21		26		- I was appearance
Suite, Apt.		Suite Apt #, etc		5. Certificate of Status Desired S8.75 Addition Fee Required
City & State	e 	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees
ZID 24	Country 25	Z _(p)	Country 30	8. This corporation has liability for intangible tax under s 199.032. Florida Statutes ✓ Yes ☐ No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent
			81 Nam	e
BROOME, ROBERT 2021 PHILLIPPI ST. 82 Street A			et Address (P.O. Box Number is Not Acceptable)	
SARAS	OTA FL 34231		83	The state of the s
	•		84 City	85 Zip Code
				FL_ `` ``
SIGNATURE	th, and accept the obligations of, Sections of Sections of Sections of the Community of the	er Little diagnostation (180)	TE Bij boel Age dikilikini ■ 13.	்கள் ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 THE	ADDITIONS/CHANGES TO OFFICEAS AND DIRECTORS IN 12
NAME	BROOME, ROBERT		1.2 NAME	C Change C Page
STREET ADDRESS	2021 PHILLIPPI ST.		13 STREET ADDRES	\$
CITY - ST - ZIP	SARASOTA, FL 00000		1.4 CiTY - ST - ZiP	·
TITLE	D	DELETE	2 1 fill 6	Change Add
NAME	BROOME, LOUISE		2.2 NAME	
STREET ADORESS	2021 PHILLIPPI ST.		2.3 STREET ADDRES	5
CITY ST-ZIP	SARASOTA, FL 00000		2.4 City - ST. ZiF	
TIFLE		☐ DELETE	3 1 7111.8	Change Add
NAME			3.2 NAME	
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CITY-ST-ZIP			3.4 CITY - S1 - ZIF	
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NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	5
CITY-ST-ZIP			4.4 CHY+ST+ZIF	
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NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	5
CITY-ST-ZIP	I		6.4 C+TY + ST - Z-P	

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 1.19.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 atrachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR