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

APPROVED AND FILED
95 APR 27 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **410952** **(6)**

1. Corporation Name
LAKELAND BATTERIES, INC

Principal Place of Business	Mailing Address
1840 SOUTH COMBEE ROAD LAKELAND FL 33801	1840 SOUTH COMBEE ROAD LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/17/1972	05/01/1994

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

4. FEI Number **59-1425260** ☐ 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	10. Name and Address of New Registered Agent
SENKARIK, (DANIEL G.) 1840 SOUTH COMBEE ROAD LAKELAND FL 33801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SENKARIK, DANIEL G	12 NAME	
STREET ADDRESS	5512 OLD SCOTT LAKE RD	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CARRUTH, CHARLES R II	22 NAME	
STREET ADDRESS	616 HEMLOCK LANE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS FRANCES M.	32 NAME	
STREET ADDRESS	2237 CRYSTAL GROVE LANE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SENARIK, DANIEL G	42 NAME	
STREET ADDRESS	5512 OLD SCOTT LAKE RD	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LAWLESS, JAMES R.	52 NAME	
STREET ADDRESS	3737 DOVEHOLLOW DR.	53 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	54 CITY-ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	GABBEL JOHN R.	62 NAME	
STREET ADDRESS	3909 BENT TREE LOOP E	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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)(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: John R Gabbel John R. Gabbel, Treasurer 4-3-95 (813) 665-6317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

08TR072 CP