

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90062 022 ***150.00

DOCUMENT # 410952

1. Corporation Name

LAKELAND BATTERIES, INC

Principal Place of Business
**1840 SOUTH COMBEE ROAD
LAKELAND FL 33801**

Mailing Address
**1840 SOUTH COMBEE ROAD
LAKELAND FL 33801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1425260	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
30		30		8. This corporation owes the current year Intangible Personal Property Tax.	
				8. This corporation owes the current year Intangible Personal Property Tax.	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STANDIFER II, R. THOMAS 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	STANDIFER II, R. THOMAS	1.2 NAME	
STREET ADDRESS	5333 GLENMORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	STANDIFER, TAMMY	2.2 NAME	
STREET ADDRESS	5333 GLENMORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SENARIK, DANIEL G	3.2 NAME	
STREET ADDRESS	5512 OLD SCOTT LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	LAWLESS, JAMES R.	4.2 NAME	
STREET ADDRESS	3737 DOVEHOLLOW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (941) 665-6317

Date

Daytime Phone #