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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:37

DOCUMENT # 503168 (7)

1. Corporation Name
ROYAL BATTERY DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2580 N. ORANGE BLOSSOM TR KISSIMMEE FL 34744 US	2580 N. ORANGE BLOSSOM TR KISSIMMEE FL 34744 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1976	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1671508	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	

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TATTOLI, DOMINICK J.
5750 E IRIO BRONSON HWY
ST. CLOUD FL 34771

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RA	1.1 TITLE	☐ Change ☐ Addition
NAME	TATTOLI, DOMINICK J.	1.2 NAME	
STREET ADDRESS	5750 E IRIO BRONSON HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	TATTOLI, JULIA	2.2 NAME	
STREET ADDRESS	5750 E IRIO BRONSON HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	TATTOLI, CORY	3.2 NAME	
STREET ADDRESS	310 CONNECTICUT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	☐ Change ☐ Addition
NAME	TATTOLI, RICHARD	4.2 NAME	
STREET ADDRESS	1801 PINAR COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	TATTOLI, MICHAEL	5.2 NAME	Delete
STREET ADDRESS	5030 HARKLEY RUNYAN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____ 2-3-95 407-846-6070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS THIS REPORT Date Daytime Phone #

0376203 CP