

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **579773** (3)

1. Corporation Name

BATTERY CHARGER SPECIALTIES, INC.

Principal Place of Business

**335 JASMINE RD
CASSELBERRY FL 32707**

Mailing Address

**335 JASMINE RD
CASSELBERRY FL 32707**

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite Apt. # of

22 City & State

23 Zip

2a. Mailing Address

26 **8937 Sunset Blvd.
Orlando, Florida 32836**

27 City & State

28 Zip

3. Date incorporated or Qualified

07/21/1978

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1835827

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**

9. This corporation has initiated for enforceable by Section 5, 1984 (1992)

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HINES, AUBREY
2306A WINTER WOODS BLVD
WINTER PARK FL 32792**

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 607.05(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the Agent)

Signature of Registered Agent (must be signed by the Agent)

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**M
WELDON, SAMUEL T.
335 JASMINE ROAD
CASSELBERRY FL**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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2. NAME

3. STREET ADDRESS

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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 treasurer 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:

Samuel T. Weldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL T. WELDON

4/27/95

407-876-5264