PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 638115

BARRY'S BATTERY SERVICE, INC.

| Principal Place of Busine |
|---------------------------|
| 1410 JUNE AVENUE |
| DANIABLA CITY EL COACA |

Mailing Address

-1410 JUNETAVENUE 3200 W.144 Street PANAMA CITY FL 32401

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90162 033 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | | | 3. Date Incorporated or Qualifed 10/01/1979 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|--------------|-------------------------------------------------------|--------------------------------------------------------|-----------------|--------------------|-----|--|
| 2. Princinal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Ar | oplied For | ł | |
| 21 3200 | | 26 3200 W. | 147 | 7 57 | 59-1938821 | | ot Applicable | l | |
| Suite, Apt. | Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8.75 | Additional equired | | |
| 22 27 | | | | | | | <u> </u> | ĺ | |
| City & State City & State City & State City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added | May Be to Fees | | |
| Zip Country Zip | | | | у | 8. This corporation owes the current year Intang | jible | | | |
| 24 JQYO1 25 U.S.A 29 3QYO1 30 | | | I. | 5.A | 1 Olderlan Treparty |] Yes | ØNo | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Ag | ent | | ļ | |
| | | | 81 | Name | | | l | | |
| BARRY, ALVIN 1 410 JUNE AVENUE 3200 W. 14th Street PANAMA CITY FL 32401 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 3 | | | | | |
| | | | 84 | 4 City | FL | 85 Zip | Code | | |
| 11. Pureuset | to the provisions of Sections 607 0502 | and 607.1508. Florida Statutes | the abov | /e-named corpo | pration submits this statement for the purpose of chi | anging its | registered | 1 | |
| 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 | Signaldre, typed or printed name of registered agent | applitte rapplicable. (NOTE: Re | gistered Age | ARRY eni signature required | | 30/7 | <u> </u> | 1 6 | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | | 9 | |
| TITLE | P DELETE 1 | | 1.1 TITLE | | |] Change | ☐ Addition | 3 | |
| NAME | BARRY, ALVIN | | 1.2 NAME | | | | | 3 | |
| STREET ADDRESS | 3200 W. 14TH STREET | | | ET ADORESS | | | | { | |
| CITY-ST-ZIP | PANAMA CITY FL 1. | | 1.4 CITY- | ST-ZIP | | | | | |
| TITLE | ST □ DELETE 2 | | 2.1 TITLE | | |] Change | ☐ Addition | ۱ ٔ | |
| NAME | BARRY, BARBARA | ļ | 2.2 NAME | | | | | | |
| STREET ADDRESS | ORDO NA ALTH OTDEET | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PANAMA CITY FL 2 | | | ST-ZIP | | | | | |
| ·1111E | DELETE 3 | | | | | Change | Addition | - | |
| NAME | | | 3.2 NAME | | | | | l | |
| STREET ADDRESS | | | 3.3 STRE | ET ADORESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | -ST-ZIP | | | | 1 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | |] Change | Addition Addition | | |
| NAME | | | 4. 2 NAME | ≘ | | | | | |
| STREET ADORESS | | | 4.3 STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | | - | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | L |] Change | Addition | | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | | | 7.01 | - Addition | ł | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ì | |] Change | Addition | | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 63 STRE | ET ADDRESS | | | | | |
| CITY- ST- 7IP | | | 6.4 CITY- | ST-ZIP | | | | 1 | |

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.