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Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90055 001 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 668820

1. Entity Name
FLORIDA INDUSTRIAL BATTERY, INC.

Principal Place of Business
2725 W BEAVER ST
JACKSONVILLE, FL 32254 US

Mailing Address
2725 W. BEAVER ST.
P. O. BOX 37137
JACKSONVILLE, FL 32236

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

02082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1984199
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WESTLING, DALE G.
331 E UNION ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, BRENDA Y	NAME	
STREET ADDRESS	10620 SCOTTSDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TOMPKINS, ROBERT C	NAME	
STREET ADDRESS	3533 ACACIA ST	STREET ADDRESS	10620 Scottsdale Ct
CITY-ST-ZIP	JACKSONVILLE, FL 32254	CITY-ST-ZIP	JACKSONVILLE FL 32222
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, GILES F JR	NAME	
STREET ADDRESS	10620 SCOTTSDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Tompkins Brenda Tompkins 3/31/07 (904) 384-2338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #