FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759871 (7)

1. Corporation Name
BATTERY DISTRIBUTORS OF AMERICA, INC.

Principal Place of Business	Mailing Address
3500 CENTRAL AVE. SARASOTA FL 34234-5921	3500 CENTRAL AVE. SARASOTA FL 34234-5921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1981
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2139011 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

LEAP, JOHN S.
3500 CENTRAL AVE.
SARASOTA FL 33508

10. Name and Address of New Registered Agent

81 Name: Brian T. Hayes
82 Street Address (P.O. Box Number is Not Acceptable): 245 E. Washington st.
83
84 City: Monticello FL 85 Zip Code: 32344

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: Brian T. Hayes — Brian T. Hayes — 7-2-95
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	D	1.1 TITLE	Executive Secretary	☐ Change ☒ Addition
NAME	NOBLES, HAROLD	1.2 NAME	Brooks, Ed	
STREET ADDRESS	385 RAINES AVE.	1.3 STREET ADDRESS	1506 E Jackson St	
CITY-ST-ZIP	MACON GA	1.4 CITY-ST-ZIP	Thomasville, GA 31792	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GLASS, BOBBY	2.2 NAME	Glass, Robby	
STREET ADDRESS	1506 E JACKSON ST	2.3 STREET ADDRESS	1506 E Jackson St	
CITY-ST-ZIP	THOMASVILLE GA	2.4 CITY-ST-ZIP	Thomasville, GA 31792	
TITLE	D	3.1 TITLE	T/S	☒ Change ☐ Addition
NAME	LEAP, JOHN	3.2 NAME	Miller, Walter	
STREET ADDRESS	3500 CENTRAL AVENUE	3.3 STREET ADDRESS	5500 Orange Av	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Ft Pierce, FL 3 4947	
TITLE	S	4.1 TITLE	V	☒ Change ☐ Addition
NAME	CALHOUN, MICHAEL	4.2 NAME	Calhoun, Michael	
STREET ADDRESS	107 SPORTSMAN CLUB ROAD	4.3 STREET ADDRESS	107 Sportsman Club Rd	
CITY-ST-ZIP	MILLEDGEVILLE GA	4.4 CITY-ST-ZIP	Milledgeville, GA 31061	
TITLE	V	5.1 TITLE	P	☒ Change ☐ Addition
NAME	WALTERS, HARRIS	5.2 NAME	Walters, Harris	
STREET ADDRESS	520 W. BROWARD BLVD	5.3 STREET ADDRESS	1260 W Sunrise Blvd	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33311	
TITLE	P	6.1 TITLE	D	☒ Change ☐ Addition
NAME	EAVES, AL	6.2 NAME	Eaves, Al	
STREET ADDRESS	1413 WHITE HALL RD	6.3 STREET ADDRESS	1913 Whitehall Rd	
CITY-ST-ZIP	ANDERSON SC	6.4 CITY-ST-ZIP	Anderson, SC 29622	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ed Brooks 5/15/95 912-229-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083694