

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 759871 (7)

1. Corporation Name

BATTERY DISTRIBUTORS OF AMERICA, INC.

Principal Place of Business

3500 CENTRAL AVE.  
SARASOTA FL 34234-5921

Mailing Address

3500 CENTRAL AVE.  
SARASOTA FL 34234-5921



3. Date Incorporated or Qualified  
09/01/1981

3a. Date of Last Report  
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 1154

4. FEI Number  
59-2139011

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

ANDERSON, SC

Zip

Country

Zip

Country

24

25

29

29266

30

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, BRIAN T  
245 E WASHINGTON ST  
MONTICELLO FL 32344

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME NOBLES, HAROLD  
STREET ADDRESS 385 RAINES AVE.  
CITY - ST - ZIP MACON GA

TITLE D ☒ DELETE  
NAME GLASS, ROBBY  
STREET ADDRESS 1508 E JACKSON ST  
CITY - ST - ZIP THOMASVILLE GA

TITLE TS ☐ DELETE  
NAME MILLER, WALTER  
STREET ADDRESS 5500 ORANGE AVE  
CITY - ST - ZIP FT PIERCE FL

TITLE V ☒ DELETE  
NAME CALHOUN, MICHEL  
STREET ADDRESS 107 SPORTSMAN CLUB DR  
CITY - ST - ZIP MILLEDGEVILLE GA

TITLE P ☒ DELETE  
NAME WALTERS, HARRIS  
STREET ADDRESS 1260 W SUNRISE BLVD  
CITY - ST - ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE  
NAME EAVES, AL  
STREET ADDRESS 1413 WHITE HALL RD  
CITY - ST - ZIP ANDERSON SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition  
12 NAME JERRY HARRIS  
13 STREET ADDRESS 5060 NAVARRE RD NW  
14 CITY - ST - ZIP CANTON, OH 44706

21 TITLE D ☐ Change ☒ Addition  
22 NAME RICHARD MARTIN  
23 STREET ADDRESS 9345 SC HWY 34  
24 CITY - ST - ZIP NEWBERRY, SC 29108

31 TITLE P ☒ Change ☐ Addition  
32 NAME WALTER MILLER  
33 STREET ADDRESS 5500 ORANGE AV  
34 CITY - ST - ZIP FT PIERCE FL 34947

41 TITLE V ☐ Change ☒ Addition  
42 NAME ROY MULLINAX  
43 STREET ADDRESS 1921 LEDO RD  
44 CITY - ST - ZIP ALBANY, GA 31707

51 TITLE TS ☐ Change ☒ Addition  
52 NAME RODNEY GRIMES  
53 STREET ADDRESS 2101 WILKERSON RD  
54 CITY - ST - ZIP CHARLOTTE, NC 28208

61 TITLE D ☐ Change ☒ Addition  
62 NAME SAM KOONTZ  
63 STREET ADDRESS BULL ST  
64 CITY - ST - ZIP COLUMBIA, SC 29211

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)(k), 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: *Walter S. Miller*

WALTER MILLER

2/5/96

407-461-1746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)