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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3500 CENTRAL AVE.
SARASOTA FL 34234-5921P.O. BOX 1154
ANDERSON SC 29622-1154
US3. Date Incorporated or Qualified
09/01/19813a. Date of Last Report
02/21/1996

4. FEI Number

59-2139011

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, JERRY	
STREET ADDRESS	5060 NAVARRE ROAD NW	
CITY-ST-ZIP	CANTON OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, RICHARD	
STREET ADDRESS	9345 SC HWY 34	
CITY-ST-ZIP	NEWBERRY SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, WALTER	
STREET ADDRESS	5500 ORANGE AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MULLINAX, ROY	
STREET ADDRESS	1921 LEDO ROAD	
CITY-ST-ZIP	ALBANY GA	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	GRIMES, RODNEY	
STREET ADDRESS	2101 WILKERSON ROAD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOONTZ, SAM	
STREET ADDRESS	BULL STREET	
CITY-ST-ZIP	COLUMBIA SC	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harris, Jerry	
1.3 STREET ADDRESS	5060 Navarre Road NW	
1.4 CITY-ST-ZIP	Canton OH	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glass, Robby	
2.3 STREET ADDRESS	1506 E Jackson St.	
2.4 CITY-ST-ZIP	Thomasville, Ga	
3.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miller, Walter	
3.3 STREET ADDRESS	5500 Orange Ave	
3.4 CITY-ST-ZIP	Ft. Pierce FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Head, David	
4.3 STREET ADDRESS	4319 40th St	
4.4 CITY-ST-ZIP	Tampa FL	
5.1 TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Grimes, Rodney	
5.3 STREET ADDRESS	2101 Wilkerson Road	
5.4 CITY-ST-ZIP	Charlotte, NC	
6.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Koontz, Sam	
6.3 STREET ADDRESS	Bull St	
6.4 CITY-ST-ZIP	Columbia, SC	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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:

Sandra B. Mortham

Exec Sec.

1/22/97 8643751551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0000000

CR2E037 (9/96)