FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:04

DOCUMENT # F94000001195 (6)

1. Corporation Name
NATIONWIDE BATTERY OF TAMPA, INC.

Principal Place of Business	Mailing Address
1809 2ND AVE., EAST TAMPA FL 33605-5201	1809 2ND AVE., EAST TAMPA FL 33605-5201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3229957	☐ Applied For ☐ Not Applicable
21	26 8701 Bedford-Euless Rd.		
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 Suite 620	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Hurst, Texas	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 76053 / 30	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
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 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: _____ (NOTE: Registered agent signature required when reinstating) President DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VAIL, JERRY V	12 NAME	
STREET ADDRESS	310 GLENDALE DR.	13 STREET ADDRESS	
CITY ST ZIP	BRANDON FL 33511	14 CITY ST ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	GIL, CARLOS A	22 NAME	
STREET ADDRESS	AVE. FUNDIDORA 501	23 STREET ADDRESS	
CITY ST ZIP	MONTERREY, NUEVO LEON, MEX.	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ENRIQUE LUIS	32 NAME	
STREET ADDRESS	AVE. EUGENIO GARZA SADA	33 STREET ADDRESS	
CITY ST ZIP	MONTERREY, NUEVO LEON, MEX.	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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

SIGNATURE: _____ 6/1/95 817 589-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0291103 CP