

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F94000001195 (6)**

1. Corporation Name

NATIONWIDE BATTERY OF TAMPA, INC.

Principal Place of Business

**3109 D 4TH AVE EAST
TAMPA FL 33605**

Mailing Address

**8701 BEDFORD-EULES RD
STE. 205
HURST TX 76053
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1994

4. FEI Number

59-3228957

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	VAIL, JERRY V	
STREET ADDRESS	8701 BEDFORD-EULESS RD., STE. 205	
CITY-ST-ZIP	HURST TX	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GIL, CARLOS A	
STREET ADDRESS	8701 BEDFORD-EULESS RD., STE. 205	
CITY-ST-ZIP	HURST TX	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLAREAL, RAMON	
STREET ADDRESS	8701 BEDFORD-EULESS RD., STE. 205	
CITY-ST-ZIP	HURST TX	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	BALLESTEROS, FELIPE E. MUZQUIZ
4.4 CITY-ST-ZIP	8701 BEDFORD EULESS ROAD # 205 HURST, TEXAS 76053

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	METKO, SCOTT
5.4 CITY-ST-ZIP	8701 BEDFORD-EULESS ROAD # 205 HURST, TEXAS 76053

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ST
6.3 STREET ADDRESS	GONZALES, JOSE ENRIQUE
6.4 CITY-ST-ZIP	8701 BEDFORD-EULESS ROAD # 205 HURST, TEXAS 76053

14. I hereby certify that the information supplied with this filing 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 

1 4/16/98 8:00 AM 125

CR2E034 (10/97)