

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90170 031 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000006596

1. Corporation Name
ROYAL BATTERY DISTRIBUTORS, INC.



Principal Place of Business

800 DELAWARE AVE.
 P.O. BOX 410
 WILMINGTON DE 19899

Mailing Address

800 DELAWARE AVE.
 P.O. BOX 410
 WILMINGTON DE 19899

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2580 N. ORANGE BLVD**

Suite, Apt. #, etc.

22

City & State

23 **Kissimmee, FL**

Zip

24 **34744**

Country

2a. Mailing Address

26 **645 Penn St.**

Suite, Apt. #, etc.

27

City & State

28 **Reading, PA**

Zip

29 **19601**

Country

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
 220 WEST GARDEN STREET
 9TH FLOOR
 PENSACOLA FL 32501

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 **DV** ☒ DELETE

NAME **BROOKS, ROBIN G**
 STREET ADDRESS **800 DELAWARE AVE.**
 CITY-STATE-ZIP **WILMINGTON DE 19899**

TITLE **P** ☐ DELETE

NAME **TATTOLI, CORY**
 STREET ADDRESS **800 DELAWARE AVE.**
 CITY-STATE-ZIP **WILMINGTON DE 19899**

TITLE **V** ☐ DELETE

NAME **TATTOLI, RICHARD**
 STREET ADDRESS **800 DELAWARE AVE.**
 CITY-STATE-ZIP **WILMINGTON DE 19899**

TITLE **S** ☐ DELETE

NAME **LEVINE, ARI D**
 STREET ADDRESS **800 DELAWARE AVE.**
 CITY-STATE-ZIP **WILMINGTON DE 19899**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **JAMES DIASIO**
 1.3 STREET ADDRESS **645 Penn St.**
 1.4 CITY-STATE-ZIP **Reading, PA 19601**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **NICHOLAS STRATIGERAS**
 2.3 STREET ADDRESS **645 Penn St.**
 2.4 CITY-STATE-ZIP **Reading, PA 19601**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **LYNN J. BURGENER**
 3.3 STREET ADDRESS **645 Penn St.**
 3.4 CITY-STATE-ZIP **Reading, PA 19601**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **TATTOLI, CORY**
 4.3 STREET ADDRESS **645 Penn St.**
 4.4 CITY-STATE-ZIP **Reading, PA 19601**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **TATTOLI, RICHARD**
 5.3 STREET ADDRESS **645 Penn St.**
 5.4 CITY-STATE-ZIP **Reading, PA 19601**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **LEVINE, ARI D.**
 6.3 STREET ADDRESS **645 Penn St.**
 6.4 CITY-STATE-ZIP **Reading, PA 19601**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: **Robin G. Brooks** Robin G. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (302)652-8400
 Date Daytime Phone #

CR2E034 (11/98)