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

APPROVED AND FILED
95 APR 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H26412** **(7)**

1. Corporation Name
TREASURE COAST BATTERY, INC.

Principal Place of Business	Mailing Address
1501 DECKER AVE. #105 STUART FL 34994	1501 DECKER AVE. #105 STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/19/1984**
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2459928** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMAN, GORDON
750 HIDDEN RIVER DR.
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: Freeman, David Michael
82 Street Address (P.O. Box Number is Not Acceptable): 761 S.E. Karrigan, Terr.
83
84 City: Pt. St. Lucie, FL 85 Zip Code: 34983

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, s. 607.0505, Florida Statutes.

SIGNATURE: David Michael Freeman — David Michael Freeman — President — 4-11-95
(Signature, type or printed name of registered agent and title if applicable) (If not registered agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	11 TITLE	P.T	☐ Change ☑ Addition
NAME	FREEMAN, MARJORIE	12 NAME	David Michael Freeman	
STREET ADDRESS	750 HIDDEN RIVER DR.	13 STREET ADDRESS	761 S.E Karrigan Terr.	
CITY ST ZIP	PT. ST. LUCIE FL	14 CITY ST ZIP	Pt. St Lucie FL 34983	
TITLE	PT	21 TITLE	V	☑ Change ☐ Addition
NAME	FREEMAN, GORDON	22 NAME	Margerie Freeman	
STREET ADDRESS	750 HIDDEN RIVER DR.	23 STREET ADDRESS	750 Hidden River Dr.	
CITY ST ZIP	PORT ST LUCIE FL	24 CITY ST ZIP	Pt. St Lucie FL 34983	
TITLE		31 TITLE	S	☐ Change ☑ Addition
NAME		32 NAME	Solina R. Freeman	
STREET ADDRESS		33 STREET ADDRESS	761 S E Karrigan Terr	
CITY ST ZIP		34 CITY ST ZIP	Pt St Lucie FL. 34983	
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: David Michael Freeman — David Michael Freeman — 4-11-95 — 407-287-0301
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300010 CF