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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L37870** 

. BATTERY CENTERS OF AMERICA, INC.

Mailing Address Principal Place of Business C/O BATTERY CENTERS LANIER, JAMES J. 8510 COASH BD- Lav 6503 GATEWAY AVE DO NOT WRITE IN THIS SPACE SARASOTA FL 34241 SARASOTA FL 34231 3. Date Incorporated or Qualifed 12/20/1989 4. FEI Number Applied For 2. Principal Place of Business 39-2213643 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 This corporation owes the current year Intangible Zip Country ПNо Personal Property Tax. ☐ Yes 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LANIER, JAMES H. Address (P.O. Box Number is 82 8510 COASH RD SARASOTA FL 34241 83

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-namely 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE LANIER, SUSAN L. 1.2 NAME NAME 1.3 STREET ADDRESS 8510 COASH RD. STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE LANIER, JAMES H 2.2 NAME NAME 8510 COASH RD. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition - DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE ΠπE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 of Block 13 if changed, or on all attachment with an address, with all other like empowered.

SIGNATURE:

FILED Mar 02, 1999 8:00 am

**Secretary of State** 

03-02-1999 90116 012 \*\*\*150.00

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