FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004813 (1)

1. Corporation Name

ROBERTSON'S FLORIDA BATTERY, INC.

Principal Place of Business	Mailing Address
3965 LYNN ORA DRIVE PENSACOLA FL 32504	3965 LYNN ORA DRIVE PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3276349 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COE, CHARLES W
3965 LYNN ORA DRIVE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

91	Name
92	Street Address (P.O. Box Number is Not Acceptable)
93	
94 City	FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	PHILIPS, DANNY A	12 NAME	HARRIS, TOMMY C.
STREET ADDRESS	4320 COACHMAN ROAD	13 STREET ADDRESS	5475 W. SPENCER FIELD RD.
CITY-ST-ZIP	MILTON FL 32583	14 CITY-ST-ZIP	PACE FL 32571
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	COE, CHARLES W	22 NAME	
STREET ADDRESS	3965 LYNN ORA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	S/T/D ☒ Change ☐ Addition
NAME	BLACK, BONNIE J	32 NAME	BLACK, BONNIE J
STREET ADDRESS	5089 PONITZ PARKWAY	33 STREET ADDRESS	5089 PONITZ PARKWAY
CITY-ST-ZIP	PACE FL 32571	34 CITY-ST-ZIP	PACE FL 32571
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	MOYERS, KIM	42 NAME	N/A
STREET ADDRESS	668 CARRIER DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Coe Charles W. Coe 4/25/95 (904)462-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071017