

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24137** (2)

1. Corporation Name
RAY GLASS BATTERIES, INC.



Principal Place of Business: **1506 EAST JACKSON STREET THOMASVILLE GA 31792-3998**
Mailing Address: **1506 EAST JACKSON STREET THOMASVILLE GA 31792-3998**

3. Date Incorporated or Qualified: **05/02/1989** 3a. Date of Last Report: **01/24/1995**
4. FEI Number: **58-1449137** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COATNEY, JIMMY
3210 APALACHEE PARKWAY
TALLAHASSEE FL 32301

81 Name: **Robby Glass**
82 Street Address (P.O. Box Number is Not Accepted): **3210 Apalachee Parkway**
83
84 **Tallahassee FL 32301**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robby Glass*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	GLASS, B. RAY	1-1 TITLE	
STREET ADDRESS	ROUTE 6 BOX 100 189 Patterson Still Spur East	1-2 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	1-3 CITY-STATE-ZIP	
VD	GLASS, BOBBY RAY, JR.	2-1 TITLE	
STREET ADDRESS	ROUTE 1 BOX 188E 499 Fredoux Road	2-2 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	2-3 CITY-STATE-ZIP	
STD	GLASS, VIVIAN W.	3-1 TITLE	
STREET ADDRESS	ROUTE 6 BOX 100 189 Patterson Still Spur East	3-2 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	3-3 CITY-STATE-ZIP	
		4-1 TITLE	
		4-2 NAME	
		4-3 STREET ADDRESS	
		4-4 CITY-STATE-ZIP	
		5-1 TITLE	
		5-2 NAME	
		5-3 STREET ADDRESS	
		5-4 CITY-STATE-ZIP	
		6-1 TITLE	
		6-2 NAME	
		6-3 STREET ADDRESS	
		6-4 CITY-STATE-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)(k) 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 authorized 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: *Vivian W. Glass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/96 912-226-6215

CR2E034 (12/95)