### 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 # P24137

1. Corporation N. RAY GLAS	S BATTERIES, INC.					
Principal Place of	Business	Mailing Address				·
1506 EAST JACKS THOMASVILLE GA		1506 EAST JACKS THOMASVILLE GA				
			·			3. Date Incorporate 05/02/1989
2. Principal Place	e of Business	2a. Mailing Addr	ess			4. FEI Number 58-1449137
Suite, Apt. #,	etc.	Suite, Apt. #	etc.			5. Certificate of Sta
City & State		City & State				6. Election Campai Trust Fund Cont
Zip 24	Country	Zip 29	Counts 30	ry		8. This corporation Personal Proper
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Add
	, ROBBY PALACHEE PARKWAY				lame Street Add	ress (P.O. Box Number
	HASSEE FL 32301		8	3		· · · · · · · · · · · · · · · · · · ·
			8	4 (	City	

## **FILED** Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90009 016 \*\*\*150.00

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Principal Place	of Business	Mailing Address						
1506 EAST JACKSON STREET THOMASVILLE GA 31792-3998 THOMASVILLE GA 31792-3998								
			998		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					05/02/1989			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		pplied For	٠.
21		26			58-1449137		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired	
22		27						
City & State		<b>├</b> ─	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28	Cou	ntry.	Trust Fund Contribution		10 1 003	
Zip	Country	<b>⊢</b> '	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	9. Name and Address of Current	29 Agent			10. Name and Address of New Registered Agent			
	3. Name and Address of Curren	. Hegiotorea rigerii		81 Name				
GLAS	SS, ROBBY			DO Church	Address (P.O. Box Number is Not Acceptable)			
3210	APALACHEE PARKWAY		82		Addless (P.O. Box Number is Not Acceptainty)	45 7 5 1 1X		
TALL	AHASSEE FL 32301			83		. ,		ı
				04 (0)4		85 Zip	Code	ı
				84 City	F			ı
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	ove-named	corporation submits this statement for the purpose	of changing it	s registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was tions of, Section 607.0505, FI	authorized orida Stati	i by the corpo utes.	corporation submits this statement for the purpose in pration's board of directors. I hereby accept the app	/ .	ogioto: ou	
	There is Alas	$\lambda$ $\lambda$	ee/h	eas.		25/99		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature re	equired when reinstating) DATE	, ,	ODO IN 42	1/98)
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change		1 2
TITLE	PD	☐ DELETE	1.1 TI		•		٠٠٠٠	7
NAME	GLASS, B. RAY	-107	1.2 N					FOZZ
STREET ADDRESS	188 PATTERSON STILL SPUR I	EAST		REET ADDRESS				1 6
CITY-ST-ZIP	THOMASVILLE GA	DELETE	1.4 C	TY-ST-ZIP		Change	Addition	ן כֿ
TITLE	VD	_ DECENT	2.1 II					
NAME	GLASS, BOBBY RAY, JR. 499 FREDONA ROAD			REET ADDRESS			!	ĺ
STREET ADDRESS	THOMASVILLE GA			ITY-ST-ZIP				
CITY-ST-ZIP	STD	☐ DELETE	3.1 TI			☐ Change	Addition	(
TITLE	GLASS, VIVIEN W.		3.2 N					
NAME STREET ADDRESS	AGO DATTEDCON CITIL COUR	EAST	I.	REET ADDRESS			15th / 2:	
	THOMASVILLE GA		3.4. 0	ITY-ST-ZIP		1.5		ļ
CITY-ST-ZIP TITLE	THE PARTY OF THE PARTY OF T	☐ DELETE	4.1 T			☐ Change	Addition	
NAME			4,21	AME				
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CITY-ST-ZIP			4.4 C	TY-ST-ZIP			=	1
TITLE		☐ DELETE	5.1 T		الله الله الله الله الله الله الله الله	· Change	Addition	
NAME			5.2 N		·			
STREET ADDRESS			1	TREET ADDRESS	,		•	
CITY-ST-ZIP_		<u> </u>		ITY-ST-ZIP			Addition	1
TITLE		☐ DELETE	6.1 T		: FFF	Change	e	
NAME				AME				
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP			6.4 0	ITY-ST-ZIP				ز

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 Annowered 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.