PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009744

DOUBLE S BATTERY, INC

Mailing Address Principal Place of Business 1100 S. FEDERAL HWY. 12576 56TH PL N ROYAL PALM BEACH FL 33411 STE. 4 **BOYNTON BEACH FL 33435**

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90135 037 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/04/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0373710 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution . 23 Country 8. This corporation owes the current year Intangible Zip Country Zip \square No Personal Property Tax. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOYETTE, STEVEN Street Address (P.O. Box Number is Not Acceptable) 12576 56TH PL N **ROYAL PALM BEACH FL 33411** 83 85 Zip Code City 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. (NOTE: 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. ☐ Addition DELETE Change 1.1 TITLE TITLE **GOYETTE, STEVEN** 1.2 NAME NAME 12576 56TH PL N 1.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CiTY-ST-ZIP CITY-ST-ZI₽ ☐ Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)