FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 13 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026948 (7)

1. Corporation Name
SUNCO BATTERIES, INC.

Principal Place of Business
245 E WASHINGTON STREET
MONTICELLO FL 32344

Mailing Address
245 E WASHINGTON STREET
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0480001 ☐ 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

9. Name and Address of Current Registered Agent

HAYES, BRIAN T
245 E WASHINGTON STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GLASS, RAY	1.2 NAME	Mike Embry	
STREET ADDRESS	RT 6, BOX 100	1.3 STREET ADDRESS	1565 Poinciana Ave	
CITY-ST-ZIP	THOMASVILLE GA 31792	1.4 CITY-ST-ZIP	Ft Myers, FL 33901	
TITLE	VD	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	GLASS, VIVIEN	2.2 NAME	Stan Choate	
STREET ADDRESS	RT 6, BOX 100	2.3 STREET ADDRESS	1942 Beach Pkwy	
CITY-ST-ZIP	THOMASVILLE GA 31792	2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HAYES, BRIAN T	3.2 NAME	Ray Glass	
STREET ADDRESS	245 E WASHINGTON STREET	3.3 STREET ADDRESS	Rt 6 Box 100	
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	Thomasville, GA 31792	
TITLE		4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME		4.2 NAME	Chalmas Ellison	
STREET ADDRESS		4.3 STREET ADDRESS	1350 Hopedale Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray Glass - Secretary 3/6/95 813-337-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0026480 CR