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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000049077 (8)

1. Corporation Name

BATTERY POWERED LIGHTING AND SYSTEMS, INC.



Principal Place of Business

32760 U.S. HIGHWAY 19
PALM HARBOR FL 34684

Mailing Address

201 DOUGLAS RD
10
OLDSMAR FL 34677-2942
US

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

21 201 DOUGLAS RD.
Suite, Apt. #, etc.
22 UNIT #10

City & State

23 OLDSMAR, FL.

Zip

24 34677

Country

25 PINELAS

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

4. FEI Number

59-3258114

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

MONAHAN, PEGENE
1584 WEXFORD DRIVE SO
PALM HARBOR FL 34683

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

Signature of officer, trustee or registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
MONAHAN, PEGENE
STREET ADDRESS
1584 WEXFORD DRIVE SO
CITY-ST-ZIP
PALM HARBOR FL

TITLE

NAME
MONAHAN, SCOTT P
STREET ADDRESS
1584 WEXFORD DR S
CITY-ST-ZIP
PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Pegene Monahan
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97
Date

813-818-0729
Daytime Phone #

CR2E034 (9/96)