

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000085922 (0)
1. Corporation Name

THE BATTERY STORE, INC.



Principal Place of Business: 5011 WEST HILLSBOROUGH AVENUE TAMPA FL 33634
Mailing Address: 5011 WEST HILLSBOROUGH AVENUE TAMPA FL 33634

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report: 12/14/1995
4. FEI Number: APPLIED FOR 59-3291612
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
STULL, RODNEY L
5011 WEST HILLSBOROUGH AVENUE
TAMPA FL 33634

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0500 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: _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	STULL, ROD	
STREET ADDRESS	9400 RIDGE ROAD	
CITY-ST-ZIP	SEMINOLE FL 34842	
TITLE	VP	DELETE
NAME	SMITH, WADE	
STREET ADDRESS	165 21ST AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	S	DELETE
NAME	KATZ, ARNOLD	
STREET ADDRESS	4301 PLACE LE MANES	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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***225.00

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Wade W Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-96 524-3966

CR2E034 (3/96)