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 -9 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000089405

1. Corporation Name
Battery Leader Systems of South Florida, Inc

Principal Place of Business	Mailing Address
1260 W Sunrise Blvd Ft Lauderdale, FL 33311	245 E Washington St Monticello, FL 32344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/8/94
3a. Date of Last Report: N/A

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: 65-0546367 ☐ 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

Brian T Hayes
245 E Washington St
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	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Daniel Pernas	1.2 NAME	
STREET ADDRESS	7505 Egypt Lake Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33614	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	Ray Glass	2.2 NAME	
STREET ADDRESS	Rt 6 Box 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	Thomasville, GA 31792	2.4 CITY-ST-ZIP	
TITLE	Sec/Tres	3.1 TITLE	☐ Change ☐ Addition
NAME	Ed Brooks	3.2 NAME	
STREET ADDRESS	1506 E Jackson St	3.3 STREET ADDRESS	
CITY-ST-ZIP	Thomasville, GA 31792	3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	☐ Change ☐ Addition
NAME	Arthur Calhoun	4.2 NAME	
STREET ADDRESS	253 Corral Rd NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	Milledgeville, GA 31060	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	☐ Change ☐ Addition
NAME	Randolph Hart	5.2 NAME	
STREET ADDRESS	Hwy 910	5.3 STREET ADDRESS	
CITY-ST-ZIP	Russell Springs, KY 42642	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	

3/9

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 above, or on an attachment with an address.

SIGNATURE: _____ ED BROOKS 3/2/95 912-225-1825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #