FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000045530 (9)

Principal Place of Business	Mailing Address				
12508 STARKEY RD. LARGO FL 34643	12506 STARKEY RD. LARGO FL 34543				

FILED Jan 16 1998 8:00am Secretary of State

ALPHA	BATTERY	COMPANY								
Principal Place	e of Business		Mailing Ad	ddress					filli ooki boal	
12506 STARKEY RD. 12506 STARKEY RD.										
LARGO FL 34643 LARGO FL 34643								DO NOT WINTE IN THE OR LOS		
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	 1	
								06/13/1995		
2. Principal Place of Business 2a. Mailing Address									Applied For	
21			26	26					Not Applicable	
Sulte, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				- \$8.75	Additional	
22			27	<u> </u>				5. Certificate of Status Desired Fee F	Required	
City & State			<u>├</u>	City & State					D May Be	
23 Zip		Country	28 7in		Cour	• • • •			to Fees	
24	ļ.	25	Zip 29		Coun	iry		8. This corporation owes or has paid the current year land Personal Property Tax due June 30.	ntangible	
<u> </u>			Current Registered A		30]			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	□ NO	
NA.	MOND, IRA				8	31	Name	10. Teams and Addition of New Hogistoles Agent		
	506 STARKE				-		<u> </u>			
	RGO FL 337			{	32	Street Add	dress (P.O. Box Number is Not Acceptable)			
	10016	10			6	33				
					<u> </u>					
					١	34 (City	FL B5 Zip	Code	
11. Pursuant to office or reagent. Far StGNATURE	to the provision egistered age m familiar with	•	07.0502 and 607.1508, a State of Florida. Such a obligations of, Section	, Florida Statute i change was a n 607.0505, Flo	es, the about horized rida Statu	by thes.	named corp he corporal	poration submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment a	its registered s registered	
		r printed name of regis	tered agent and title it applicabl	e (NOTE	: Registered A	Agent i	signature requi	ired when reinstating) DATE	₁	
12.		OFFICE	RS AND DIRECTORS	<u> </u>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	PD	AMI 1 1 4 4 4 2 1		☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME		MILLIAM J			1.2 NAM	_	1			
STREET ADDRESS		TARKEY RD.			1.3 STRE				[
CITY-ST-ZIP TITLE	LARGO F STD	L 34043		DELETE	1.4 CITY	-	ZIP	L Chara	- I delition	
NAME	DIAMONI) IDA D		L DELETE	2.1 TITL			∟ Change	LJ Addition	
STREET ADDRESS		rarkey RD.			2.2 NAM 2.3 S1RE		ontee			
CITY-ST-ZIP	LARGO F				2.4 CITY		·			
TITLE	941001	<u> </u>		DELETE	3.1 TITLE		211	☐ Change	Addition	
NAME					3.2 NAM					
STREET ADDRESS					3.3 STRE		ODRESS			
CITY-ST-ZIP					3.4. CITY				i	
TITLE				DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME					4. 2 NAM	4E	ļ			
STREET ADDRESS					4.3 STRE	ET AD	ORESS			
CITY-ST-ZIP					4.4 CITY	- ST - Z	ZIP			
TITLE				DELETE	5.1 TITLE			☐ Change	Addition	
NAME					52 NAM	E				
STREET ADDRESS					5.3 STAF	et adi	DRESS			
CITY-ST-ZIP			····		5.4 CITY		ZIP .			
TITLE				DELETE	6.1 TITLE	:		☐ Change	Addition	
NAME					6.2 NAM					
STREET ADDRESS					6.3 STRE					
CITY-ST-ZIP					6.4 CITY	- ST - Z	TIP			

14. Thereby 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 allachmont with an address.

SIGNATURE:

813-587-9900