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FILED  
May 08 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 # **P96000089553 (7)**

1. Corporation Name

**A & E BATTERIES, FILM & ELECTRONICS, INC.**

Principal Place of Business

**1803 N. 22ND ST.  
TAMPA FL 33605**

Mailing Address

**1803 N. 22ND ST.  
TAMPA FL 33605-3949**



3. Date Incorporated or Qualified

**10/31/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **2115 N. 22ND STREET**

Suite, Apt. #, etc.

22

City & State

23 **TAMPA, FL.**

Zip

24 **33605**

Country

25 **USA**

2a. Mailing Address

26 **2115 N. 22ND STREET**

Suite, Apt. #, etc.

27

City & State

28 **TAMPA, FL.**

Zip

29 **33605**

Country

30 **USA**

4. FEI Number

**59-3405999**

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

**WILLIAMS, ALONZO  
1803 N. 22ND ST.  
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81 Name

**WILLIAMS, ALONZO**

82 Street Address (P.O. Box Number is Not Acceptable)

**2115 N. 22ND ST.**

83

84 City

**TAMPA**

**FL**

85 Zip Code  
**33605**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP WILLIAMS, ALONZO**  
STREET ADDRESS **1468 WINDJAMMER LOOP**  
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ DELETE  
NAME **DVS WILLIAMS, ELIZABETH A**  
STREET ADDRESS **1468 WINDJAMMER LOOP**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE  
NAME **DT BRYANT, VALISA A**  
STREET ADDRESS **28432 OPENFIELD LOOP**  
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**ALONZO WILLIAMS**

**4/30/97**

**241-8801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)