PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085058

1. Corporation Name

BATTERY WAREHOUSE OF DAYTONA, INC.

Principal Place	e of Business	Mailing Address				1 150 Fide 16 16 16 17 18 17 18 17 18 18 18		
1516 STATE AV HOLLY HILL FL		1516 STATE AVENUE "D" HOLLY HILL FL 32117			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 10/01/1997		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3470720		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	— — — —	Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State		City & State		-	6. Election Campaign Financing		May Be = T	
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the current year Intagen		г л ы.
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		04	N	10. Name and Address of New Registered A	gent	
000	EDTO MADIC I			81	Name			
	ERTS, MARK J	8:		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	STATE AVENUE "D"							
HOL	LY HILL FL 32117			83				
			İ	84	City	FL	1 1	p Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ent Florida. Such change was au	tnonzea	DV I	tne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	tment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	ANOTS: E	Panieterad /	Agent	t signature required	(when reinstating) DATE		
12.		ND DIRECTORS	13.	- ugoi ii		ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS IN 12
TITLE	D	□ DELETE	1.1 1111				Chang	
NAME	l T		1.2 NAJ					
STREET ADDRESS	ROBERTS, MARK J 1516 STATE AVENUE "D"				ADDRESS			
				1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	HOLLY HILL PL 32117	☐ DELETE	2.1 TITLE		, - Zn		Chang	e
			2.2 NAME					•
NAME					T ADDRESS			}
STREET ADDRESS			2.4 CII					ĺ
CITY-ST-ZIP		☐ DELETE	3.1 TIT		1-21		Chang	e Addition
TITLE			3.1 NA					_
NAME					T ADDRESS			
STREET ADDRESS			3.4 CI					
CITY-ST-ZIP		☐ DELETE	4.1 TIT		1-219		Chang	e Addition
TITLE	L. SLLETC		1	4. 2 NAME		•		
NAME								
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CfT		I-ZIP		Chang	e Addition
TITLE			5.1 TIT 5.2 NA		1		ے عالمانو	
NAME					TADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		□ DELETE	6.1 TIT		1-212		☐ Chang	e
TITLE		☐ DELETÉ						
NAME			6.2 NA					
CEDEST ADODS CO	l		■ 6.3 STI	ĸĿĿĨ	TADORESS			

14. I 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 appartachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CRESTOCNING OFFICER OR DIRECTOR

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90141 013 ***150.00