

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:08

DOCUMENT # 002906 (6)

1. Corporation Name
THE COUNCIL TOOL COMPANY, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 50 N. LAURA ST. P. O. BOX 4099 JACKSONVILLE FL 32202 US | 50 N. LAURA ST P. O. BOX 4099 JACKSONVILLE FL 32201 US |

DO NOT WRITE IN THIS SPACE.

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 03/03/1905 | 3a. Date of Last Report 06/24/1994 |
| 4. FEI Number 56-0189490 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 25 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 29 |
| 30 | |

9. Name and Address of Current Registered Agent

ROBERT J. WINICKI, ESQUIRE
MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA STREET, 34TH FLOOR
JACKSONVILLE 32202

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: *Robert J. Winicki* DATE: 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------|
| TITLE | VD |
| NAME | COUNCIL III, JOHN |
| STREET ADDRESS | LAKE SHORE DR |
| CITY - ST - ZIP | LAKE WACCAWAW NC |
| TITLE | PTD |
| NAME | COUNCIL JR, J M |
| STREET ADDRESS | LAKE SHORE DR |
| CITY - ST - ZIP | LAKE WACCAWAW NC |
| TITLE | VD |
| NAME | COUNCIL, E L |
| STREET ADDRESS | LAKE SHORE DR |
| CITY - ST - ZIP | LAKE WACCAWAW NC |
| TITLE | D |
| NAME | WILSON, IVAN D |
| STREET ADDRESS | RFD 1 |
| CITY - ST - ZIP | LAKE WACCAWAW NC |
| TITLE | D |
| NAME | COPPEDGE, TO |
| STREET ADDRESS | 4067 ABINGDON DR |
| CITY - ST - ZIP | CHARLOTTE NC |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an addition.

SIGNATURE: *John M. Council III* JOHN M. COUNCIL, III 3-17-95 910-646-3011
Signature and typed or printed name of signing officer or director. Date. Telephone #