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Mar 19 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 # 002906 (6)

1. Corporation Name
THE COUNCIL TOOL COMPANY, INC.



Principal Place of Business

50 N. LAURA ST.
P. O. BOX 4099
JACKSONVILLE FL 32202
US

Mailing Address

50 N. LAURA ST
P. O. BOX 4099
JACKSONVILLE FL 32201-4099
US

3. Date incorporated or Qualified 03/03/1905	3a. Date of Last Report 07/30/1996
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

~~RAX COMPANY~~
C/O MAHONEY ADAMS & CRISER, P.A.
50 NORTH LAURA STREET 3400 BARNETT CENTER
JACKSONVILLE 32202

10. Name and Address of New Registered Agent

81. Name RAX CO.	
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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	COUNCIL III, JOHN
STREET ADDRESS	LAKE SHORE DR
CITY-STATE-ZIP	LAKE WACCAMAW NC
TITLE	PTD <input type="checkbox"/> DELETE
NAME	COUNCIL JR, J M
STREET ADDRESS	LAKE SHORE DR
CITY-STATE-ZIP	LAKE WACCAMAW NC
TITLE	D <input type="checkbox"/> DELETE
NAME	GRAY, III A. DIAL
STREET ADDRESS	402 N FRANKLIN STREET
CITY-STATE-ZIP	WHITEVILLE NC
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, IVAN D
STREET ADDRESS	RFD 1
CITY-STATE-ZIP	LAKE WACCAMAW NC
TITLE	D <input type="checkbox"/> DELETE
NAME	COPPEDGE, TO
STREET ADDRESS	4067 ABINGDON DR
CITY-STATE-ZIP	CHARLOTTE NC
TITLE	D <input type="checkbox"/> DELETE
NAME	COUNCIL, E.L.
STREET ADDRESS	LAKE SHORE DRIVE
CITY-STATE-ZIP	LAKE WACCAMAW NC

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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; that I am a member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report. If changed, attach a separate attachment with an address.

SIGNATURE: *[Signature]* JOHN M. COUNCIL, III VP/EM 3/11/97 910-646-3011

CR2E034 (9/96)