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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 001 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851110

1. Corporation Name

PORTER-CABLE CORPORATION

Principal Place of Business

**4825 HIGHWAY 45 N.
P. O. BOX 2468
JACKSON TN 38302-468
US**

Mailing Address

**4825 HIGHWAY 45 N.
P. O. BOX 2468
JACKSON TN 38302-468
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1981

4. FEI Number

36-3144125

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

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 | P | <input type="checkbox"/> DELETE |
| NAME | GARLOCK, JOHN H | |
| STREET ADDRESS | 70 STONEHENGE DR | |
| CITY-ST-ZIP | JACKSON TN | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GREEN, JAMES S. | |
| STREET ADDRESS | 155 WILLOW RIDGE CIR. | |
| CITY-ST-ZIP | JACKSON TN | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | RUED, ROY T | |
| STREET ADDRESS | 3043 LITTLE BAY RD | |
| CITY-ST-ZIP | ROSEVELLW MN | |
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | COLLINS, JOSEPH R. | |
| STREET ADDRESS | 12151 UPPER HEATHER | |
| CITY-ST-ZIP | DELLWOOD MN | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | RUEB, ROY T. | |
| STREET ADDRESS | 3043 LITTLE BAY ROAD | |
| CITY-ST-ZIP | ROSEVILLE MN | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Boyd, Tammy T. | |
| 2.3 STREET ADDRESS | 34 Starlight Cove | |
| 2.4 CITY-ST-ZIP | Jackson TN 38305 | |
| 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 | C/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | White, James A. | |
| 4.3 STREET ADDRESS | 1010 Mount Curve Road | |
| 4.4 CITY-ST-ZIP | Minneapolis MN 55403 | |
| 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 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, with all other like empowered.

SIGNATURE **Tammy T. Boyd** **Tammy T. Boyd** 04-27-99 901-668-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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