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

APPROVED AND FILED
95 APR 17 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11817 (0)

1. Corporation Name
C & C POWER TOOLS, INC.

Principal Place of Business	Mailing Address
856 MASON AVENUE DAYTONA BEACH FL 32117	856 MASON AVENUE DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1986
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2683033 ☐ 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

CARTER, ALTHEA D.
913 DUNCAN ROAD
S. DAYTONA FL 32119

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WILBANKS, JANICE L.	1.2 NAME	Althea D. Carter	
STREET ADDRESS	1313 DEXTER DR. WEST	1.3 STREET ADDRESS	913 Duncan Road	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	P	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	CARTER, DONALD L.	2.2 NAME	Janice L. Wilbanks	
STREET ADDRESS	913 DUNCAN RD	2.3 STREET ADDRESS	1313 Dexter Dr. West	
CITY-ST-ZIP	S. DAYTONA FL	2.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, ALTHEA D.	3.2 NAME		
STREET ADDRESS	913 DUNCAN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	S. DAYTONA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Althea D. Carter — Althea D. Carter — 904-253-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-12-95

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