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FILED  
Apr 23 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 # J11817 (0)  
1. Corporation Name  
C & C POWER TOOLS, INC.

Principal Place of Business  
856 MASON AVENUE  
DAYTONA BEACH FL 32117

Mailing Address  
856 MASON AVENUE  
DAYTONA BEACH FL 32117-4719



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/30/1986

04/19/1996

4. FEI Number

Applied For

59-2683933

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME: CARTER, ALTHEA D  
STREET ADDRESS: 913 DUNCAN ROAD  
CITY-ST-ZIP: SOUTH DAYTONA FL

TITLE ST ☐ DELETE

NAME: WILBANKS, JANICE L  
STREET ADDRESS: 1313 DEXTER DRIVE WEST  
CITY-ST-ZIP: PORT ORANGE FL

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director

John. A. Wilbanks  
856 Mason Ave.  
Daytona Beach, FL 32117

☐ Change ☒ Addition

☐ Change ☐ Addition

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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 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 4-15-97 904-253-5815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)