

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2683933	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, ALTHEA D. 913 DUNCAN ROAD S. DAYTONA FL 32119				81 Name JANICE L. & JOHN A. WILBANKS, JR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 55 SPINNAKER CIRCLE			
				83			
				84 City SOUTH DAYTONA, FL 85 Zip Code 32119			

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 *John A. Wilbanks, Jr.* JOHN A. WILBANKS, JR PRES. 4-1-98
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, ALTHEA D		1.2 NAME	WILBANKS, JOHN A. JR.			
STREET ADDRESS	913 DUNCAN ROAD		1.3 STREET ADDRESS	55 SPINNAKER CIRCLE			
CITY-ST-ZIP	SOUTH DAYTONA FL		1.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119			
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILBANKS, JANICE L		2.2 NAME				
STREET ADDRESS	1313 DEXTER DRIVE WEST		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILBANKS, JOHN A		3.2 NAME	CARTER, ALTHEA D.			
STREET ADDRESS	856 MASON AVE		3.3 STREET ADDRESS	913 DUNCAN ROAD			
CITY-ST-ZIP	DAYTONA BCH FL		3.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: *John A. Wilbanks, Jr.* JOHN A. WILBANKS, JR. 4-1-98 904-253-5815

CR2E034 (10/97)