

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:32

DOCUMENT # L00749 (6)

1. Corporation Name

UTILITY TOOLS INC.

Principal Place of Business

6944 VENTURE CIRCLE
UNIT D
ORLANDO FL 32807

Mailing Address

6944 VENTURE CIRCLE
UNIT D
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1989** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-2056559** 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

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**ANACKER, DONALD G.
6944 VENTURE CIRCLE
UNIT D
ORLANDO FL 32807**

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 fee if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ANACKER, DONALD G.**
STREET ADDRESS **12044 FORGET-ME-NOT COURT**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DVMS**
NAME **BLANKENSHIP, DONALD L.**
STREET ADDRESS **10256 WATER HYACINTHR.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DV**
NAME **RILEY, BRIAN**
STREET ADDRESS **3374 DALLAS ROAD**
CITY - ST - ZIP **ROCKFORD IL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **DVMST**
2.3 STREET ADDRESS **LANDERS, JERRY L**
2.4 CITY - ST - ZIP **250 N. DISSTON AV**
CLERMONT, FL 34711

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(a), 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 addendum.

SIGNATURE:

Jerry L Landers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/95

Date

407-679-0072

Telephone #