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Jan 16 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 # L00749 (6)  
1. Corporation Name  
UTILITY TOOLS INC.



Principal Place of Business Mailing Address  
6944 VENTURE CIRCLE 6944 VENTURE CIRCLE  
UNIT D UNIT D  
ORLANDO FL 32807 ORLANDO FL 32807-5332

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 07/10/1989 3a. Date of Last Report 05/23/1996  
4. FEI Number 59-2956559 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 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 the 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	DP	11 TITLE	
NAME	ANACKER, DONALD G.	12 NAME	
STREET ADDRESS	12044 FORGET-ME-NOT COURT	13 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	
TITLE	DVMS	21 TITLE	
NAME	LANDERS, JERRY L	22 NAME	
STREET ADDRESS	250 N DISSTON AVE	23 STREET ADDRESS	
CITY - ST - ZIP	CLERMONT FL	24 CITY - ST - ZIP	
TITLE	DV	31 TITLE	
NAME	RILEY, BRIAN	32 NAME	
STREET ADDRESS	3374 DALLAS ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	ROCKFORD IL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE: JERRY L. LANDERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)