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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90009 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00749

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

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 111 SATELLITE CT.
Suite, Apt. #, etc.

22 City & State
23 LEESBURG

24 Zip 34748 25 Country LAKE

2a. Mailing Address

26 P.O. Box 490207
Suite, Apt. #, etc.

27 City & State
28 LEESBURG

29 Zip 34749 30 Country LAKE

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)
111 SATELLITE CT.

83

84 City LEESBURG FL 85 Zip Code 34748

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

Donald G. Anacker, S/T
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE
NAME ANACKER, DONALD G.
STREET ADDRESS 12844 FORGET-ME-NOT COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE P ☒ DELETE
NAME LANDERS, JERRY L
STREET ADDRESS 250 N DISSTON AVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE VP ☐ DELETE
NAME RILEY, BRIAN
STREET ADDRESS 3374 DALLAS ROAD
CITY-ST-ZIP ROCKFORD IL 61109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 10224
1.3 STREET ADDRESS 10224 FORGET-ME-NOT COURT
1.4 CITY-ST-ZIP ORLANDO FL 32825

2.1 TITLE PRESIDENT ☒ Change ☒ Addition
2.2 NAME CHARLES E. WEBB
2.3 STREET ADDRESS 2030 PONDEROSA PL.
2.4 CITY-ST-ZIP MANDEVILLE LA 70448

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Webb CHARLES E. WEBB

6 MAY 1999 352-314-2828

Date

Daytime Phone #

CR2E034 (1/1/98)

0506761