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FILED  
Apr 23 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 # **L81138** (4)  
1. Corporation Name  
**BLACK & DECKER - TAMPA, INC.**



Principal Place of Business  
**6401 BADGER HIGHWAY  
TAMPA FL 33610  
US**

Mailing Address  
**701 E. JOPPA ROAD  
TW 285  
TOWSON MD 21286  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3017758</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>ROBERT, JAMES</b>		1.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		1.4 CITY-ST-ZIP				
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FENTON, CHARLES E.</b>		2.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		2.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SCHOEWE, THOMAS M.</b>		3.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		3.4 CITY-ST-ZIP				
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>LUTKUS, THEODORE A.</b>		4.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		4.4 CITY-ST-ZIP				
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<b>HYLE, KATHLEEN W.</b>		5.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		5.4 CITY-ST-ZIP				
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>PETTIBONE, LUCY A.</b>		6.2 NAME				
STREET ADDRESS	<b>701 E. JOPPA ROAD</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TOWSON MD</b>		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: *Lucy A. Pettibone* 4/19/98 610724-3077

CR2E034 (10/97)