

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90125 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07996

1. Corporation Name
S & K / AIR POWER TOOL AND SUPPLY CORP.

Principal Place of Business EAST ROUTE 316 POST OFFICE BOX 1279 MATTOON IL 61938	Mailing Address EAST ROUTE 316 POST OFFICE BOX 1279 MATTOON IL 61938
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/05/1985	4. FEI Number 37-0895596	Applied For Not Applicable	
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22	27				
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23	28				
Zip Country	Zip Country	24	25	29	30
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent.		

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 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	CTD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUGAL, DON	1.2 NAME	
STREET ADDRESS	RR #3 BOX 10B	1.3 STREET ADDRESS	317 Dewitt Ave East
CITY-ST-ZIP	MATTOON IL	1.4 CITY-ST-ZIP	61938
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACEY, GARY	2.2 NAME	
STREET ADDRESS	660 BRITTANY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT ZION IL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DONNA	3.2 NAME	
STREET ADDRESS	105 NW 3RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASEY IL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBIN V. GOODMAN
STREET ADDRESS		4.3 STREET ADDRESS	2900 DEEPWATER ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RICHMOND, VA 23224
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT R. KAPLAN
STREET ADDRESS		5.3 STREET ADDRESS	629 EAST MAIN STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	RICHMOND, VA 23218
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, with all other like empowered.

SIGNATURE: Don Portugal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/13/99 Date 217-258-8500 Daytime Phone #

CR2E034 (11/98)