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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 201149

(2)

GOLD COAST CRANE SERVICE, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address JOSEPH VILLELLA JOSEPH VILLELLA 4450 N 29TH AVE 4450 N 29TH AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/29/1957 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0811880 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VILLELLA.FRANK 4450 NORTH 29TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33022 83 City 84 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 little if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE VILLELLA, THOMAS L NAME 1.2 NAME CR2E034 700 SE 123 ST RD 1.3 STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE **VILLELLA, JENNIE** NAME 2.2 NAME **38 EASTMONT RD** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE VILLELLA, FRANK J NAME 3.2 NAME **6**01 N 46TH AVE STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE SHORT, DAVID NAME 4. 2 NAME **5**515 Grant Street STREET ADDRESS 4.3 STREET ADDRESS HOLLYWOOD FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 61TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 change yr on an attachment with an address

2/2-108

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