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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 423498

JOHNSON'S CRANE SERVICE, INC.

(5)

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	r imbrici minem irfand firrir mindi Edicue filet difore Albrir Albrir Belgir Affici difori (120
1735 N. LANE AVE.	1735 N. LANE AVE.	

JACKSONVILLE FL 32254 US		JACKSONVILLE FL 32254-1523 US							
	_					3. Date Incorporated or Qualified 04/16/1973	3a. Date o	f Last R /1996	
·-···	ace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	·	plied For
Suite, Apt. #, etc.		26				59-1451517	···	No	t Applicable
		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees			
City & State	9 r	City & State							
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	ntangible tax	under s	199.032,
4	25	29	30		·		Yes 🗌 N		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	gistered Age	nt	
	HNSON, ROBERT W.			81 1	Name				
	01 JARBOE LANE			82	Street Ado	dress (P.O. Box Number is Not Acceptable	le)		
NE	PTUNE BEACH FL 32233		i						
				83					
				84	City		F. 8	Zip (Code
44 Durance	to the provinces of Continue 207 007	20 and CO7 1500 Classes 55-4	ا ماء ممان		amod s:	negation automite this plant and the	FL °		III
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	oles, me al s authorizo: lorida Stat	d by th tutes.	ne corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appoint	nent as	registered
SIGNATURE	Signature, typod or printed name of registered as	on; and title if applicable. (NC	III : Registeres	d Agent :	signature requ	ired when renstaling)	DATÉ		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD DUMOON A W	DELETE	1111					Change	Addition
NAME	JOHNSON, R W		, 1.2 NA	AMF	1				
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CITY-ST-ZIP	NEFTUNE DEAUTIFL		14.0	11Y-51-7	71P {				
		T MILLER						AL	
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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 cerponsion or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

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