

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F65639 (9)

95 JAN 18 AM 8:52

1. Corporation Name

COASTAL CRANE SERVICE AND EQUIPMENT, INC.

Principal Place of Business

Mailing Address

3763 PROSPECT AVE
NAPLES FL 339423763 PROSPECT AVE
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/26/1982

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2162934

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNN, LEONARD L.
390 7TH ST W
NAPLES FL 33964

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

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent signature required when registering

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME DUNN, LEONARD L.
STREET ADDRESS 390 7TH ST W
CITY- ST- ZIP NAPLES, FL 01.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE VD
NAME SCIULLO, ANGELO
STREET ADDRESS 311 OLD MILL RD
CITY- ST- ZIP PITTSBURGH, PA 02.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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: *Leonard L. Dunn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SIGNATURE NUMBER