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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F65639

COASTAL CRANE SERVICE AND EQUIPMENT, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State



(10/97)

CR2E034

Principal Place of Business Mailing Address 3763 PROSPECT AVE 3763 PROSPECT AVE NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1982 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2162934 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zlp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUNN, LEONARD L 390 7TH ST W Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIT) F 1.1 TITLE Change ... Addition DUNN, LEONARD L. NAME 1.2 NAME 390 7TH ST W STREET ADDRESS 1.3 STREET ADDRESS NAPLES, FL 0 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SCIULLO, ANGELO NAME 2.2 NAME STREET ADDRESS 311 OLD MILL RD 2.3 STREET ADDRESS PITTSBURGH, PA 0 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP ☐ DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-7IP 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 change i, or on an attachment with aproaddress.

SIGNATURE:

MESIIRED