SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H62848 (7)

1. Corporation Name

A. N. DYKES CRANE RENTAL, INC.

Principal Place of Business

A. N. DYKES CRANE RENTAL, INC.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401
US

Mailing Address

A. N. DYKES CREANE RENTAL INC.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401
US

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Coun 30

3. Date Incorporated or Qualified: **06/19/1985**

3a. Date of Last Report: **05/23/1995**

4. FEI Number: **59-2578804** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

DYKES, CAROL L.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab[illegible] 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 authori[illegible] 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 Stat[illegible]

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered [illegible] signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE
TITLE	DP	☐
NAME	DYKES, ANDREW N.	
STREET ADDRESS	2809 W. 15TH ST #205	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	☐
NAME	DYKES, CAROL L.	
STREET ADDRESS	2809 W. 15TH ST #205	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☐
NAME	DYKES, ANDREW N., IV	
STREET ADDRESS	2809 W. 15TH ST #205	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☐
NAME	DYKES, DOUGLAS BLAKE	
STREET ADDRESS	2809 W. 15TH ST #205	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐	☐
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐	☐
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐	☐
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐	☐
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V-PRES. ANDREW N. DYKES IV 2809 W 15TH ST #205 PANAMA CITY, FL 32401	☐	X
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐	☐

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol L. Dykes — Sec/Treas — 6-18-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)