

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90020 029 ***558.75

DOCUMENT # S19217 1. Entity Name JACKSONVILLE CRANE & MACHINERY, INC.					
Principal Place of Business 6740 HIGHWAY AVE JACKSONVILLE FL 32254 US			Mailing Address 6740 HIGHWAY AVE JACKSONVILLE FL 32254 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3052022 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JONES, RICHARD-K 501 WEST BAY STREET JACKSONVILLE FL 32202	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, STEVEN R.		NAME		
STREET ADDRESS	6355 PEACOCK RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FAULKNER, JOHN B		NAME		
STREET ADDRESS	1068 GROVE COVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/30/04 904.286.3181 Date Daytime Phone #		