

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 211340**

**(5)**

1. Corporation Name  
**KRAUSS AND CRANE, INC.**



Principal Place of Business  
**904 SOUTH DIXIE HWY  
PO BOX 1259  
STUART FL 34996**

Mailing Address  
**904 SOUTH DIXIE HWY  
PO BOX 1259  
STUART FL 34995-1259**

3. Date Incorporated or Qualified <b>04/16/1958</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-0833143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**CRANE, J. H.  
904 S. DIXIE HWY.  
STUART FL 34994**

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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>KRAUSS, R N</b>	
STREET ADDRESS	<b>1950 PALM CITY RD A-5207</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CRANE, J. H. III</b>	
STREET ADDRESS	<b>6900 S.E. BURNETT</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>KRAUSS, S C</b>	
STREET ADDRESS	<b>1950 PALM CITY RD A-5207</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>CRANE, M M</b>	
STREET ADDRESS	<b>4608 S.E. PARK DRIVE</b>	
CITY-ST-ZIP	<b>PT SALERNO FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CRANE, J H</b>	
STREET ADDRESS	<b>4608 S.E. PARK DRIVE</b>	
CITY-ST-ZIP	<b>PT SALERNO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1950 PALM CITY RD 5-202</b>
14 CITY-ST-ZIP	<b>34994</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>FIRST VP/D</b>
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>D</b>
33 STREET ADDRESS	<b>1950 PALM CITY RD 5-202</b>
34 CITY-ST-ZIP	<b>34994</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>V/D</b>
43 STREET ADDRESS	<b>CRANE, ROBERT S.</b>
44 CITY-ST-ZIP	<b>1660 SW ALBATROSS WAY PALM CITY, FL 34990</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>T/D</b>
53 STREET ADDRESS	<b>JONES, FRANCES M.</b>
54 CITY-ST-ZIP	<b>5490 SE NORMANDY AVE. STUART, FL 34997</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

**SIGNATURE: J H CRANE, PRESIDENT** 4-21-97 561-287-1227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)