

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90089 014 ***150.00

0520062

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # 211340
 1. Corporation Name
KRAUSS AND CRANE, INC.



| | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business 904 SOUTH DIXIE HWY PO BOX 1259 STUART FL 34995 | Mailing Address 904 SOUTH DIXIE HWY PO BOX 1259 STUART FL 34995 |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 04/16/1958 |
| 21 | 26 | 4. FEI Number 59-0833143 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | 28 | |
| Zip Country | 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 **J. H. CRANE, III**
 82 Street Address (P.O. Box Number is Not Acceptable)
6900 S.E. BURNETT
 83
 84 City **STUART** FL 85 Zip Code **34997**

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]* DATE: **3/8/99**

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | CD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | ID | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRAUSS, R N | | 1.2 NAME | ELIZABETH CRANE | |
| STREET ADDRESS | 1950 PALM CITY RD 5-202 | | 1.3 STREET ADDRESS | 6900 S.E. BURNETT | |
| CITY-ST-ZIP | STUART FL | | 1.4 CITY-ST-ZIP | STUART, FL | |
| TITLE | PD | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANE, J. H. III | | 2.2 NAME | | |
| STREET ADDRESS | 6900 S.E. BURNETT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAUSS, S C | | 3.2 NAME | | |
| STREET ADDRESS | 1950 PALM CITY RD D-202 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANE, M M | | 4.2 NAME | | |
| STREET ADDRESS | 4608 S.E. PARK DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PT SALERNO FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANE, J H | | 5.2 NAME | | |
| STREET ADDRESS | 4608 S.E. PARK DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PT SALERNO FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | VPTD | <input type="checkbox"/> DELETE | 6.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANE, ROBERT S | | 6.2 NAME | ROBERT S. CRANE | |
| STREET ADDRESS | 1660 SW ALBATROSS WAY | | 6.3 STREET ADDRESS | 4151 S.E. FLOUNDER AVE. | |
| CITY-ST-ZIP | PALM CITY FL | | 6.4 CITY-ST-ZIP | PORT SALERNO, FL | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/8/99** DAYTIME PHONE #: **561-287-1227**

CR2F034 (4/1/98)