

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 280898 (8)

1. Corporation Name
FLORIDA RIGGING & CRANE COMPANY INC



Principal Place of Business

P. O. BOX 680-579
P.O. BOX 680579
MIAMI FL 33168
US

Mailing Address

P. O. BOX 680-579
P.O. BOX 680579
MIAMI FL 33168
US

3. Date Incorporated or Qualified
04/28/1964

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1058759

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESIDENT AGENTS CORPORATION OF FLORIDA
799 BRICKELL PLAZA STE 900
MIAMI FL 33131-9805

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 or officer, if not applicable

Signature typed or printed name of registered agent or officer, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME HYDE, ROBERT J.
STREET ADDRESS 12573 NEW BRITTANY BLVD
CITY- ST- ZIP FT MYERS FL

☐ DELETE

TITLE D
NAME OLIVER, SHERRILL
STREET ADDRESS 2955 S.W. 24TH STREET
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME BURNER, BARBARA
STREET ADDRESS 1533 SUNSET #150
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE DP
NAME UTVICH, MICHAEL
STREET ADDRESS 10340 N.W. 37TH AVE.
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME UTVICH, LORNA RANDALL
STREET ADDRESS 10340 N.W. 37TH AVE.
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE DVP
NAME SIDDALL, BRIAN
STREET ADDRESS 9606 BRYANT ROAD
CITY- ST- ZIP LITHIA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL UTVICH

4/26/96 305/688-2222

CR2E034 (12/95)