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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **280898** **(8)**

1. Corporation Name
FLORIDA RIGGING & CRANE COMPANY INC

Principal Place of Business	Mailing Address
P. O. BOX 680-579 P.O. BOX 680579 MIAMI FL 33168 US	P. O. BOX 680-579 P.O. BOX 680579 MIAMI FL 33168-0579 US

3. Date Incorporated or Qualified: 04/28/1964
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1058759 ☐ 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

~~RESIDENT AGENTS CORPORATION OF FLORIDA~~
~~799 BRICKELL PLAZA STE 900~~
~~MIAMI FL 33131-0905~~

10. Name and Address of New Registered Agent

81 Name: Patrick C. Barthet, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd
83: Ste 1800
84 City: Miami FL 85 Zip Code: 33131

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: Patrick Barthet 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HYDE, ROBERT J.		1.2 NAME	
STREET ADDRESS	12573 NEW BRITTANY BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	
TITLE	~~D~~	☑ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~OLIVER, CHERRILL~~		2.2 NAME	PHILIP B. EVERINGHAM
STREET ADDRESS	~~2955 S.W. 24TH STREET~~		2.3 STREET ADDRESS	2602 SAN DOMINGO ST.,
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	~~TD~~	☑ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BURNER, BARBARA~~		3.2 NAME	CHARLES GIRTMAN
STREET ADDRESS	~~1630 SUNSET #150~~		3.3 STREET ADDRESS	744 TIBADABO AVE.,
CITY-ST-ZIP	~~CORAL GABLES FL~~		3.4 CITY-ST-ZIP	CORAL GABLES, FLA 33143
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	UTVICH, MICHAEL		4.2 NAME	
STREET ADDRESS	4690 LIPSCOMB ST.,N.E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	UTVICH, LORNA RANDALL		5.2 NAME	
STREET ADDRESS	10340 N.W. 37TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	6.1 TITLE	DVP ☐ Change ☑ Addition
NAME	SIDDALL, BRIAN		6.2 NAME	DALE G. SIDDALL
STREET ADDRESS	9606 BRYANT ROAD		6.3 STREET ADDRESS	9615 S.W. 24TH ST., APT. 315
CITY-ST-ZIP	LITHIA FL		6.4 CITY-ST-ZIP	MIAMI, FLA. 33165

CR2E034 (9/96)

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: MICHAEL UTVICH 4/30/97