

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **302350** (4)  
1. Corporation Name  
**STOWERS CRANE SERVICE, INC.**



Principal Place of Business <b>5012 NORTH CHURCH AVENUE P.O. BOX 151324 TAMPA FL 33684</b>	Mailing Address <b>5012 NORTH CHURCH AVENUE P.O. BOX 151324 TAMPA FL 33684</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/23/1966</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1149878</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STOWERS, CHARLES L., SR 5012 N. CHURCH AVE. TAMPA FL 33614</b>		10. Name and Address of New Registered Agent	
		81 Name <b>STOWERS, CHARLES L., JR.</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>5012 N. Church Ave.</b>	
		83	
		84 City <b>Tampa</b>	
		85 Zip Code <b>33614</b>	

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 *Charles Stowers Jr* PRES. *Charles Stowers Jr*  
Signature of president of corporation or officer authorized to execute this statement (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOWERS, CHARLES L SR</b>	1.2 NAME	<b>Charles L. Stowers Jr.</b>
STREET ADDRESS	<b>5012 N CHURCH AVE</b>	1.3 STREET ADDRESS	<b>5012 N. Church Ave.</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL. 33614</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Zane Stowers</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5012 N. Church Ave.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tampa, FL. 33614</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Thomas D. Stowers</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6001 N. Thatcher Ave.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Tampa, FL. 33614</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Frances C. Mooney</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2687-B Mt. Home Church Rd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Morganton, NC 28655</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Christopher MacDonald</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>10949 Tom Folsom</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Thonotosassa, FL. 33592</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)