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

PROFIT. . . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 383800 1. Corporation Name

Principal Place of Business	Mailing Address	
3580 S. HWY 17-92 SUITE 100 -CASSELBERRY FL 32707	3580 S. HWY 17-92 SUITE 100 CASSELBERRY FL 32707	

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90051 003 ***150.00

CRANK (CONSTRUCTION COMPANY								
Principal Place	e of Business	Mailing Address				[{####################################): 2:2() BIBI: 2:0) 4 :	8() 6(8)) (82(
3580 S. HWY 17-92 SUITE 100 CASSELBERRY FL 32707 CASSELBERRY FL 32707			DO NOT WRITE IN THIS SPACE						
ı	·					3. Date Incorporated or Qualifed			
•						06/14/1971			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		lied For	
21		26				59-1353086		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00 May Be		
23	The second secon	28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible		
24	. 25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent		
MAD	RSHALL, RANDALL J.			81	Name				,
	N. VOLUSIA AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	NGE CITY FL 32763			83					
Una	MGE OH 1 L 32/03			83					
				84	City		85 Zip C	ode	
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VP JARRETT, SANDRA C.	and title if applicable. (NOTI	E: Registered 13. 1.1 TI 1.2 N/	AME	signature required	ration submits this statement for the purpose n's board of directors. I hereby accept the ap when reinstating) ADDITIONS/CHANGES TO OFFICERS			E034 (11/98)
STREET ADORESS	3540 HWY 17-92 CASSELBERRY FL			TY-ST-					20
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CITY-ST-ZIP		☐ DELETE	4.2 N 4.3 ST 4.4 CI 5.1 TT	AME TREET / ITY-ST- TLE	ADDRESS		☐ Change	Addition	
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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: