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



PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTI Sandra B. Secretary	Mortham of State	May 01 1997 8:00am Secretary of State			
DOCUI	MENT # 440885 CRANE SERVICE, INC.	DIVISION OF CC	PROPATIONS		1001 STATE STATE STATE	DODIS 1891	
Principal Place 12033 ONEIDA HUDSON FL 34	DRIVE	Mailing Address 12033 ONEIDA DRIVE HUDSON FL 34687-6366		3. Date Incorporated or Qualified	3a. Date of Last R		
2. Principal P	lace of Business	2a. Mailing Address		11/28/1973 4. FEI Number	05/10/1996	plied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		59-1489501	\$8.75 /	t Applicable Additional	
City & State	G	City & State		5. Certificate of Status Desired	Fee Re		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	to Fees	
Zip 24]	Country 25	Zip 3	Country 0	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes \[\] No	. 199.032,	
DICL	 Name and Address of Current HOND (RONALD) R. 	t Registered Agent	81 Name	10. Name and Address of New Re	platered Agent		
	I U.S. HIGHWAY 19 NORTH			dress (P.O. Box Number is Not Acceptab	le)		
NEW	PORT RICHEY FL 33552		83		······································		
			84 City		Ingl 755	Codo	
44 D	1000 007 000	0 d 007 4600 Flydda Carb dae			FL	Code	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of Section 607.0505. Flori	i, the above-hamed coi thorized by the corpora da Statutes	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it I the appointment as	registered	
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS ANI		Registered Agent signature requests 13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	S IN 12	<u>φ</u>
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition	CR2E034 (9/96)
NAME STREET ADORESS	STOLEC, RICHARD W. 12033 ONEIDA DR.		1.2 NAME				ğ
CITY-ST-ZIF	HUDSON FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				Ľ
Title	ST	DELETÉ	2.1 TITLE		☐ Change	Addition	Ĵ
NAME	STOLEC, ARLYNE M. 12033 ONEIDA DR.		2.2 NAME			1	
STREET ADDRESS CITY+ST-ZIF	HUDSON FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
TITLE	V	DELETE	3.1 TITLE	<u> </u>	☐ Change	Addition	
NAME	STOLEC, RICHARD A. 12033 ONEIDA DR.		3.2 NAME	•		}	
STREET ADDRESS City+St-Zip	HUDSON FL		3.3 STREET ADORESS 3.4. CITY-ST-ZIP				
TITLE)	DELETE	4.1 TITLE		Change	Addition	
NAME			4 2 NAME			,	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	1	Change	Addition	
MAME	}	- 	5.2 NAME		<u> </u>	_	
STREET ADDRESS			5.3 STREET ADDRESS			}	
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition	
NAME		C PILLIE	6.2 NAME		€ CHRINGS	L. Augelon	
STREET ADORESS			6.3 STREET ADDRESS)	
CITY-SI-7#			6 4 CITY - ST - ZIP	<i>y</i>			

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: Cill W Stoler Richard W. STOKEL

4-22-97 \$13 8682244

Date Daytime Priore #

FILED

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