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

DOCUMENT # **579978** **(8)**

1. Corporation Name

CRANE RENTAL OF ORLANDO, INC.

Principal Place of Business

170 N. GOLDENROD RD.
ORLANDO FL 32807
US

Mailing Address

P.O. BOX 720127
ORLANDO FL 32872
US

3. Date Incorporated or Qualified: 07/24/1978

3a. Date of Last Report: 04/03/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1902497 — 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

ASHLOCK, ALAN A.
269 ROBINSONG ROAD
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

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 of Registered Agent — NAME: Registered Agent (typed or printed) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ASHLOCK, ALAN A.	1.2 NAME	
STREET ADDRESS	269 ROBINSONG RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	CHULUOTA FL	1.4 CITY, ST, ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASHLOCK, MARY W.	2.2 NAME	
STREET ADDRESS	2500 N ECONLOCKHATCHEE	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	2.4 CITY, ST, ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRBY, MARTHA D.	3.2 NAME	
STREET ADDRESS	5208 PICO ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	3.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JENSENIUS, BARBAR A	4.2 NAME	200003175292
STREET ADDRESS	2500 N. ECONLOCKHATCHEE TRAIL	4.3 STREET ADDRESS	-03/28/96--01148-023
CITY, ST, ZIP	ORALNDO FL 32817	4.4 CITY, ST, ZIP	****200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	6.1 TITLE	M.M. ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	3-25-96

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 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 is an attachment with an address.

SIGNATURE: Martha D. Kirby — Martha D. Kirby Sec. Treas — 3/18/96 — (407)2775000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)