


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 693151 (3)
1. Corporation Name
STOWERS CRANE SALES, INC.



Principal Place of Business C/O CHARLES STOWERS PO BOX 151324 5012 N CHURCH AV TAMPA FL 33684	Mailing Address C/O CHARLES STOWERS PO BOX 151324 5012 N CHURCH AV TAMPA FL 33684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2372350		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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	

g. Name and Address of Current Registered Agent

**STOWERS, CHARLES L., SR.
5012 N CHURCH AVE
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name	STOWERS, CHARLES L., JR.	
82 Street Address (P.O. Box Number is Not Acceptable)	5012 N. Church Ave.	
83		
84 City	Tampa	85 Zip Code FL 33614

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.** (NOTE: Registered Agent signature required when reinstating) DATE **Press**

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

SIGNATURE **Charles Stowers Jr.**

CR2E034 (10/97)