

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 693151 (3)**

1. Corporation Name  
**STOWERS CRANE SALES, INC.**



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

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

<b>3</b> Date Incorporated or Qualified <b>07/01/1981</b>	
<b>4</b> FEI Number <b>59-2372350</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> 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**

<b>81</b> Name <b>STOWERS, CHARLES L., JR.</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5012 N. Church Ave.</b>	
<b>83</b>	
<b>84</b> City <b>Tampa</b>	<b>85</b> Zip Code <b>FL 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 **X Charles Stowers Jr.** *Charles Stowers Jr.* **Per**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STOWERS, CHARLES L, SR</b>	
STREET ADDRESS <b>5012 N CHURCH AVE</b>	
CITY-ST-ZIP <b>TAMPA, FL 33614</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (10/97)