

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **F00443**

(4)

1. Corporation Name

SIMS CRANE & EQUIPMENT, CO.

Principal Place of Business

Mailing Address

**1219 N HWY 301
P O BOX 11825
TAMPA FL 33619
US**

**1219 N HWY 301
P O BOX 11825
TAMPA FL 33680-1825**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**M. VERNON MOORE
1219 N HWY 301
TAMPA FL 33619**

3. Date Incorporated or Qualified

10/01/1980

3a. Date of Last Report

06/04/1996

4. FEI Number

59-2635880

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

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WILLIS, DALE J.**
STREET ADDRESS **1110 ESTATE WOODS DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **SIMS, DEAN P.**
STREET ADDRESS **1219 N HWY 301**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **SIMS, T.H., II**
STREET ADDRESS **1219 N HWY 301**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☐ DELETE
NAME **WILLIS, MARY E.**
STREET ADDRESS **1110 ESTATEWOOD DR.**
CITY-ST-ZIP **BRANDON FL**

TITLE **VT** ☐ DELETE
NAME **MOORE, M VERNON**
STREET ADDRESS **14921 LAKE FOREST DRIVE**
CITY-ST-ZIP **LUTZ FL**

TITLE **VD** ☐ DELETE
NAME **STEVE STUDHILL**
STREET ADDRESS **9603 WOODHAND RIDGE**
CITY-ST-ZIP **TAMPA FL 33637**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **7814 RIVER RIDGE DRIVE**
5.4 CITY-ST-ZIP **Temple Terrace, FL 33637**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **STEVE STUDHILL**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

STEVE STUDHILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0370881

CR2E034 (9/96)