

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004942 (8)

1. Corporation Name

ANTHONY CRANE RENTAL, INC.

Principal Place of Business

**1185 CAMP HOLLOW ROAD
WEST MIFFLIN PA 15122**

Mailing Address

**1185 CAMP HOLLOW ROAD
WEST MIFFLIN PA 15122**

DO NOT WRITE IN THIS SPACE.

3. Data Incorporated or Qualified

3a. Date of Last Report

09/20/1984

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

25-1251095

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**MEARS, GREGORY L
3800 POWERLINE ROAD
POMPANO BEACH FL 33075**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP
NAME	ANTHONY, RAY G
STREET ADDRESS	301 MEADOWLARK DR.
CITY - ST - ZIP	UNIONTOWN PA 15401
TITLE	DST
NAME	MAHOKEY, DAVID W
STREET ADDRESS	816 DOGWOOD DR.
CITY - ST - ZIP	DUNBAR PA 15431
TITLE	DVP
NAME	ANTHONY, SAMUEL R
STREET ADDRESS	1165 CAMP HOLLOW RD.
CITY - ST - ZIP	WEST MIFFLIN PA 15122
TITLE	DVP
NAME	ANTHONY, MARIAM
STREET ADDRESS	1165 CAMP HOLLOW RD.
CITY - ST - ZIP	WEST MIFFLIN PA 15122
TITLE	VP
NAME	BOVE, ALBERT C
STREET ADDRESS	1165 CAMP HOLLOW RD.
CITY - ST - ZIP	WEST MIFFLIN PA 15122
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 included 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 acknowledgment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-95

Date

Signature/Name #