

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 # F94000004942 (8)

1. Corporation Name

ANTHONY CRANE RENTAL, INC.

Principal Place of Business

1165 CAMP HOLLOW ROAD  
WEST MIFFLIN PA 15122

Mailing Address

1165 CAMP HOLLOW ROAD  
WEST MIFFLIN PA 15122



3. Date Incorporated or Qualified  
09/20/1994

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

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

9. Name and Address of Current Registered Agent

MEARS, GREGORY L  
3800 POWERLINE ROAD  
POMPANO BEACH FL 33075

4. FEI Number  
25-1251095

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 607.1509, 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, applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DCP

☐ DELETE

NAME

ANTHONY, RAY G

STREET ADDRESS

301 MEADOWLARK DR.

CITY-ST-ZIP

UNIONTOWN PA 15401

TITLE

DST

☐ DELETE

NAME

MAHOKEY, DAVID W

STREET ADDRESS

B16 DOGWOOD DR.

CITY-ST-ZIP

DUNBAR PA 15431

TITLE

DVP

☐ DELETE

NAME

ANTHONY, SAMUEL R

STREET ADDRESS

1165 CAMP HOLLOW RD.

CITY-ST-ZIP

WEST MIFFLIN PA 15122

TITLE

DVP

☐ DELETE

NAME

ANTHONY, MARIAM

STREET ADDRESS

1165 CAMP HOLLOW RD.

CITY-ST-ZIP

WEST MIFFLIN PA 15122

TITLE

VP

☐ DELETE

NAME

BOVE, ALBERT C

STREET ADDRESS

1165 CAMP HOLLOW RD.

CITY-ST-ZIP

WEST MIFFLIN PA 15122

TITLE

☐ DELETE

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

(412) 469-3700

Date

Daytime Phone #

CR2E034 (12/95)