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FILED
Apr 01 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

25-1251095

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEARS, GREGORY L
3800 POWERLINE ROAD
POMPANO BEACH FL 33075

10. Name and Address of New Registered Agent

81 Name

BARRY ASSAD

82

Street Address (P.O. Box Number is Not Acceptable)

3800 N. POWERLINE ROAD

83

84

City

POMPANO BEACH

FL

85

Zip Code

33075

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

BARRY ASSAD

3/21/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
ANTHONY, RAY G
301 MEADOWLARK DR.
UNIONTOWN PA 15401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MAHOKEY, DAVID W
B18 DOGWOOD DR.
DUNBAR PA 15431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ANTHONY, SAMUEL R
1165 CAMP HOLLOW RD.
WEST MIFFLIN PA 15122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ANTHONY, MARIAM
1165 CAMP HOLLOW RD.
WEST MIFFLIN PA 15122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOVE, ALBERT C
1165 CAMP HOLLOW RD.
WEST MIFFLIN PA 15122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

DAVID W. MAHOKEY 3/21/98

CR2E034 (10/97)