

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

FILED

Apr 29 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F96000002546 (7)

1. Corporation Name

THE COLRANE COMPANY, INC.

Principal Place of Business

1264 LAQUINTA DR
ORLANDO FL 32809

Mailing Address

1264 LAQUINTA DR
ORLANDO FL 32809-7703



3. Date Incorporated or Qualified

05/21/1996

3a. Date of Last Report

4. FEI Number

04-2821377

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

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

10. Name and Address of New Registered Agent

CRUZ, DAVID
1264 LAQUINTA DR
ORLANDO FL 32809

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ANDERSON, ARTHUR W	
STREET ADDRESS	115 ELLIS FARM LN	
CITY-ST-ZIP	MELROSE MA 02176	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANDERSON, ARTHUR J	
STREET ADDRESS	1200 SALEM ST #181	
CITY-ST-ZIP	LYNNFIELD MA 01940	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARK	
STREET ADDRESS	1200 SALEM ST #181	
CITY-ST-ZIP	LYNNFIELD MA 01940	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SPENNELLI, DONNA	
STREET ADDRESS	38 OLD BROOK CIR	
CITY-ST-ZIP	MELROSE MA 02176	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	VETRANO, MICHAEL	
STREET ADDRESS	3 NOB HILL CIR	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDERSON, ARTHUR W	
1.3 STREET ADDRESS	105 LARCHMONT ROAD	
1.4 CITY-ST-ZIP	MELROSE MA 02176	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, ARTHUR J	
2.3 STREET ADDRESS	71 LARCHMONT ROAD	
2.4 CITY-ST-ZIP	MELROSE MA 02176	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANDERSON, MARK	
3.3 STREET ADDRESS	30 COUNTRY CLUB ROAD	
3.4 CITY-ST-ZIP	MELROSE MA 02176	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPINELLI, DONNA	
4.3 STREET ADDRESS	115 ELLIS FARM LANE	
4.4 CITY-ST-ZIP	MELROSE MA 02176	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

580-670-2424

0089276

CR2E034 (9/96)