

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000252

Entity Name: F. L. CRANE AND SONS, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

508 SOUTH SPRING ST
FULTON, MS 38843

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 428
508 SOUTH SPRING ST.
FULTON, MS 38843

New Mailing Address:

FEI Number: 64-0409707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CRANE, JOHNNY L
Address: 116 FRANCIS DRIVE
City-St-Zip: FULTON, MS 38843

Title: CFO () Delete
Name: ROBERTS, EVANGALA
Address: 2464 BANKHEAD DRIVE
City-St-Zip: TREMONT, MS 38876

Title: PRES () Delete
Name: CRANE, JOHNNY (CHIP) L II
Address: 1930 BENSON-JONES RD.
City-St-Zip: FULTON, MS 38843

Title: S () Delete
Name: CRANE, BESSIE L
Address: 116 FRANCIS DRIVE
City-St-Zip: FULTON, MS 38843

Title: T () Delete
Name: CRANE, HILDA L
Address: 610 LINWOOD DR.
City-St-Zip: FULTON, MS 38843

Title: VP () Delete
Name: PAYNE, KEVIN
Address: 211 PIERCE TOWN RD
City-St-Zip: FULTON, MS 38843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIP CRANE

Electronic Signature of Signing Officer or Director

PRES

02/23/2009

Date