

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G51264** (1)

1. Corporation Name

CRANE CERTIFICATION SERVICE, INC.



Principal Place of Business

**1460 BISHOP ROAD
MERRITT ISLAND FL 32953
US**

Mailing Address

**1460 BISHOP ROAD
MERRITT ISLAND FL 32953
US**

3. Date Incorporated or Qualified
07/25/1983

3a. Date of Last Report
01/10/1995

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-2280390

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COULOMBE, SHARON
GLOBAL CRAN INSTITUTE, 5514 MELODY LANE
P.O. BOX 13228
ORLANDO FL 32859**

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 of Registered Agent or other authorized officer of the corporation

Signature of Registered Agent (Signature required of current status)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☒ DELETE
2. NAME	MEADOWS, THOMAS J.	
3. STREET ADDRESS	1460 BISHOP ROAD	
4. CITY-STATE-ZIP	MERRITT ISLAND FL	
5. TITLE	ST	☒ DELETE
6. NAME	MEADOWS THOMAS H.	
7. STREET ADDRESS	225 S. TROPICAL TRAIL, APT 923	
8. CITY-STATE-ZIP	MERRITT ISLAND FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	MEADOWS THOMAS H.	
3. STREET ADDRESS	1460 Bishop Road	
4. CITY-STATE-ZIP	Merritt Island, Florida 32953	
5. TITLE	ST	☒ Change ☐ Addition
6. NAME	MEADOWS Karen S.	
7. STREET ADDRESS	1460 Bishop Road	
8. CITY-STATE-ZIP	Merritt Island, Florida 32953	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Thomas H. Meadows

February 2, 1996

(407) 453-0292

CR2E034 (12/95)