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FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1983

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

2. Principal Place of Business

21 **6770 Hundred Acre Dr** 26 **6770 Hundred Acre Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Port St. John, FL 32927**

28 **Port St. John, FL 32927**

Zip

Country

Zip

Country

24 **32927**

25 **USA**

29 **32927**

30 **USA**

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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MEADOWS, THOMAS H.**
STREET ADDRESS **8770 HUNDRED ACRE DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE

NAME **ST
MEADOWS, KAREN S.**
STREET ADDRESS **8770 HUNDRED ACRE DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE

NAME **V
MEADOWS, THOMAS JOE**
STREET ADDRESS **1460 BISHOP ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME **V
MEADOWS, JOAN E.**
STREET ADDRESS **1460 BISHOP ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME **V
TAYLOR, JOHN**
STREET ADDRESS **123 HOLTZ ST**
CITY-ST-ZIP **CASSELBERRY FL**

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 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: **Thomas H Meadows** **1/30/98** **407-638-0432**

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