

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G51264

1. Corporation Name

CRANE CERTIFICATION SERVICE, INC.

Principal Place of Business

6774 HUNDRED ACRE DR.  
PORT ST. JOHN FL 32927  
US

Mailing Address

6770 HUNDRED ACRE DRIVE  
PORT ST. JOHN FL 32927  
US

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90055 015 \*\*\*150.00



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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME MEADOWS, THOMAS H.  
STREET ADDRESS 6770 HUNDRED ACRE DRIVE  
CITY-ST-ZIP COCOA FL

☐ DELETE

TITLE ST  
NAME MEADOWS, KAREN S.  
STREET ADDRESS 6770 HUNDRED ACRE DRIVE  
CITY-ST-ZIP COCOA FL

☐ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VP  
Youngblood, John  
4909 Devonshire Lane South  
Lakeland, FL 33813

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Thomas Meadows*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/99

CR20034 (1/1/98)