

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 # **G77653** (5)

1. Corporation Name

**BUD KEENE CRANE RENTAL INC.**



Principal Place of Business

**% W. K. KEENE  
2407 TRAPNELL RD.  
PLANT CITY FL 33566**

Mailing Address

**% W. K. KEENE  
2407 TRAPNELL RD.  
PLANT CITY FL 33566**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KEENE, W. K.  
2407 TRAPNELL ROAD  
PLANT CITY FL 33566**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**01/06/1984**

3a. Date of Last Report

**04/04/1995**

4. FEI Number

**59-2360835**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and principal agent

(NOTE: Registered Agent signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD  
KEENE, WILLIAM K**  
STREET ADDRESS **2407 TRAPNELL ROAD**  
CITY- ST- ZIP **PLANT CITY FL**

TITLE ☐ DELETE  
NAME **VD  
KEENE, WILLIAM KIP**  
STREET ADDRESS **1106 S TEAKWOOD DR**  
CITY- ST- ZIP **PLANT CITY FL**

TITLE ☐ DELETE  
NAME **SD  
KEENE, LAVERNE LETT**  
STREET ADDRESS **2407 TRAPNELL ROAD**  
CITY- ST- ZIP **PLANT CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-96**

Date

**813-752-3632**

Telephone

CR2E034 (12/95)