

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 # H95286 (1)
1. Corporation Name
C & S CRANE, INC.



Principal Place of Business: **1010 JORDAN RD. LAKELAND FL 33811-1510**
Mailing Address: **1010 JORDAN RD. LAKELAND FL 33811-1510**

3. Date Incorporated or Qualified: **01/15/1986** 3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-2672948** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**SANDERS, BARBARA
1010 JORDAN ROAD
LAKELAND FL 33803**

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: _____ (NOTE: Registered Agent Signature required when registered.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLINE, RICHARD NEAL DECEASED 2/9/95	
STREET ADDRESS	1010 JORDAN ROAD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDERS, BARBARA	
STREET ADDRESS	4302 SPRING LN	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
3.1 STREET ADDRESS	
4.1 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
7.1 STREET ADDRESS	
8.1 CITY - ST - ZIP	
9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.1 NAME	
11.1 STREET ADDRESS	
12.1 CITY - ST - ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.1 NAME	
15.1 STREET ADDRESS	
16.1 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: *Barbara A Sanders* 3-19-96 911-446-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)