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

May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)J00049 CARNEY CRANE, INC. Principal Place of Business Mailing Address 11405 WATERFOLD VILLAGE 11405 WATERFORD VILLAGE FT MYERS FL 33913 FT MYERS FL 33913 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 02/19/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2668259 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARNEY, VINCENT 11405 WATERFORD VILLAGE 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33913 83 84 City 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 reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE CARNEY, VINCENT NAME 1.2 NAME 11405 WATERFORD VILLAGE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Addition 2.1 TITLE TITLE CARNEY, KIMBERLY NAME 2.2 NAME 11405 WATERFORD VILLAGE STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE CARNEY, SHIRLEY NAME 3.2 NAME 11405 WATERFORD VILLAGE 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TIFLE TITLE MCCORMICK, KERRI NAME 4. 2 NAME 11405 WATERFORD VILLAGE STREET ADDRESS 4.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

FILED

14. Thereby 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 dorporation or the receiver in 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 any approximation with an address.

SIGNATURE:

\*\*Comparison\*\*

\*\*Comparison\*