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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1998 8:00am

Sandra B. Mortham

J	UAL REPO 1998			Secretary of State DIVISION OF CORPORATIONS				Secretary of State					
DOCU 1, Corporation	MENT on Name	ول #	93477		(4)								
LEE'S CRANE & EQUIPMENT RENTAL, INCORPORATED													
Principal Plac	ce of Business			Mailing Add	ress	***							
S WILL WILLIAMS				% WILL WILLIAMS					}				
602 CHANNEL SIDE DR TAMPA FL 33602				602 CHANNEL SIDE DR TAMPA FL 33602					DO NOT W	RITE IN TH	IIS SPACE		
TAMEN FL SCOR				TAMPA TE SOUZ					3. Date Incorporated or Qualified				
A District Blace of District				Los Malling Adelyses						09/17/1987		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 21				2a. Mailing Address					4. FEI Number 59-2856685		<u> </u>	oplied For ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22	Oil a Out				27								equired
City & State				City & State						 Election Campaign Financia Trust Fund Contribution 	ng 🔲		May Be to Fees
Zip		Countr		Zip		Cou	ntry			8. This corporation owes or he			
24		25		29	<u> </u>					Personal Property Tax due] No
g, Name and Address of Current Registered Agent 81 Name										10. Name and Address of Ne	v Register	ed Agent	
WILLIAMS, WILL													
	2 CHANNEL						82	Street	Addre	ss (P.O. Box Number is Not Acco	ptable)		
TAMPA FL 33602							83						
							84 City				85 Zip	Code	
dd. Durgungt to the groundings of Specimes 607 0500 and 607 4500 Florida Obstance								above-named corporation submits this statement for the purpose of changing its registed by the corporations board of directors. I hereby accept the appointment as regist atules					o romintored
office or i	registered ag	ent, or both	n, in the State of I	Florida, Such c	oringe was a	uthorize	d by	the corp	poratio	orte board of directors. I hereby a	ccept the	e of changing is appointment as	registered
SIGNATURE	1 //	in, and ac	ept ind obligation	Section	////			La	m	2/20/98	-	9-19-	90
	Signature, lyped		of registered agent an		(NOTE		d Ager	nt signature	required	d when reinstating)	DAT	E	
12.	PD /		FFICERS AND D		DELETE	13.	II E		1-	ADDITIONS/CHANGES TO C	FFICERS A	AND DIRECTOR Change	RS IN 12 Addition
NAME	LEE, RO	Y F.		•	7 05:212	1.2 N			1			oge	
STREET ADDRESS	RT. 1 BC					1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BELL FL	32619				1.4 CI	TY-ST	1-ZIP	<u> </u>				
TITLE	D	DO 4 DET		L.	□ DELETE	2.1 11			•			☐ Change	L_ Addition
NAME OZDEST ADDOTES	RT. 1 BC	RGARET A	A.			2.2 N/		*000000					
STREET ADDRESS CITY-ST-ZIP	BELL FL						KEE! /	ADDRESS					
TITLE		02010			DELETE	3.1 TI		1 211				Change	Addition
NAME						3.2 NA	ME						
STREET ADDRESS						3.3 \$1	AEET /	address					
CITY-ST-ZIP TITLE	 				DELETE	3 4. C		T-ZIP	├			☐ Change	Addition
NAME				le] DELEVE	4.2 N			ļ			Criange	C Addition
STREET ADDRESS	[•		ADORESS	Í				
CITY - \$T - ZIP						4.4 CI	TY-ST	r- ZIP	<u>.</u>				
TITLE					DELETE	5.1 Ts						Change	Addition
NAME						5.2 NA							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP TITLE	 				DELETE	5.4 CI 6.1 TI	TY-ST ILE	- 2117	 			Change	Addition
NAME .	l .			_		6.2 NA							
STREET ADDRESS								ADDRESS]				
CITY - \$T - ZIP	<u> </u>					6.4 Ct			Ĺ <u> </u>	tection 110 07(3Vi) Florida Statut			

Indicated on this annual report or supplied with his liting does not quality 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 charged, or on an attachment with an address.