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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K09145 JIM'S CRANE SERVICE CO., INC.

(9)

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State

495 MARLLO R KISSIMMEE FL US	D 34744		P.O. BOX 423237 KISSIMMEE FL 34742-3237				3. Date incorporated	or Qualified	3a. Dat	e of La	ıst Re	port			
									12/28/1987	02/07/1996					
2. Principal Pl	face of Busine	SS	2a. N	2a. Mailing Address					4. FEI Number			Ť		lied For	
21			26	26				59-2863125 Not App				Applicable			
Suite, Apt #, etc			27	Suite Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required						
City & State				City & State					6. Election Campaig	n Financing		\$5.	.00	May Be	
23	3			28				Trust Fund Contri	bution				Fees		
Zip	Country Zip		ζφ	Country				8. This corporation has liability for intangible tax under s. 199.032,					199.032,		
24	25		29	II								Yes No			
			Current Registe	red Agent					10. Name and Addre	ess of New Re	gistered A	gent			
	eral, James	S M.				81	N	lame							
	MARLO					82	S	treet Add	ress (P.O. Box Number is	Not Acceptat	ole)			***************************************	
KISSIMMEE FL 34744-2112							<u>-</u> -								
						83									
						84	C	ity				85	Zip C	ode	
											<u>FL</u>	ĻĻ,			
11. Pursuant office or r agent Fa	to the provision registered ager im fam har with	ns of Sections 6 nt, or both, in the , and accept the	07.0502 and 60) e State of Florida e obligations of,	/ 1508, Florida Stat i. Such change wa Section 607.0505,	tutes, tr s autho Florida	ne above orized by Statutes	e-na 7 thi 8.	amed corj e corpora	poration submits this stat tion's board of directors.	ement for the p I hereby accep	ot the appo	enangi intmer	ng its nt as r	egistered egistered	
SIGNATURE	Signature, typical or	present name of regi-	virod agost accritte if	application (N	IO1E Heg	elereri Age	ent s	gnature requi	red when reinstating)		DATE				
12.			RS AND DIRECT	ORS		13.			ADDITIONS/CHAN	GES TO OFFIC					
TITLE	P			DELETE		1.1 TITLE					ļ	Cha	nge	Addition	
NAME				1.21		1.2 NAME									
STREET ADDRESS				13		1 3 STREET ADDRESS		ORESS							
CITY-ST-7/P						14 CITY-ST-ZIP		IP .				100			
TITLE						21 TITLE						Cha	nge	Addition	
NAME	· · · · · · · · · · · · · · · · · · ·						2.2 NAME								
STREET ADDRESS						2.3 STREET ADDRESS		DRESS							
CITY - \$T - ZIP							CITY-ST-ZIP				رة ا		L L d Più a		
NAME LITTERAL, JAMES M. III				☐ DELETE		3.1 TIFLE						Cha	inge	Addition	
NAME						3.2 NAME									
STREET ADDRESS	4785 DEEF					3.3 S`REE1									
CITY - S1 - ZIP	ST CLOUD	rL		Britze		3.4. CITY - 5	ST - Z	ZIP				Ob-		Bedding.	
TITLE				☐ DELETE		41 TITLE						Cha	nge	Addition	
NAME 1	}					4. 2 NAME									
STREET ADDRESS						4.3 \$~REET									
CITY+ST-ZIP				T priete		4 4 CITY - S	T - Z	IP				Cha	200	Addition	
TITLE				☐ DELETE		51 TIFLE						LLJ VIII	ıılyc	L RUUNIUII	
NAME	İ					5 2 NAME									
STREET ADDRESS						5 3 STREET									
CITY-ST-ZIP	<u> </u>			DELETE		54 C TY-S	ST - Z	IP	· · · · · · · · · · · · · · · · · · ·			Ch.	1000	Addition	
THE				DELETE		6 1 TIFLE		1			i	Cha	uge	Nonnoti	
NAMÉ						6.2 NAME									
STREET ADDRESS						63 STREET	ADI	DRESS							

64 C TY-ST-ZIP 14. I do 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.