## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT	#

1. Corporation Name

K59479

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Principal Place	of Business	Mailing Address		A SECURIST WELL MADINE LIBERT STORY	n anna manar manta di dia ka anni an di di a an ar an di
% EDWARD 684 DIAMON PENSACOLA		% EDWARD K. EDW 684 DIAMOND RD. PENSACOLA FL 325			
				3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2934792	Not Applicabl
Suite Apt.#	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional
City & State		City & State			ree Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
4	25	29	30		No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	
			81 Name		
EDWAR	DS, EDWARD K.		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
	MOND RD.				~, 
PENSAC	OOLA FL 32505		83		
			84 City		<b>85</b> Zip Code
				ration submits this statement for the purp	<b>5−1</b>     `
SIGNATUREs	i, and accept the obligations of, Sec Ignature, typed or printed name of roystered agri	ntanditte i ayysicable (N	OTE: Registered Agent signature require		DA"+
12. TITLE	PD OFFICERS AS	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	EDWARDS, EDWARD K.	L'I accept	1.1 THLE		Change Addition
STREET ADDRESS	684 DIAMOND ROAD		1.2 NAME		
CITY-ST-ZIP	PENSACOLA FL		1.3 STREET ADDRESS		
IITLE	VD	[ ] DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		Change Addition
NAME	EDWARDS, JOHN E.	_	2.2 NAME		C Outside C Manuali
STREET ADDRESS	684 DIAMOND ROAD		2 3 STREET ADDRESS		
CITY - S1 - ZIP	PENSACOLA FL		2 4 CITY - ST - ZIP		
TITLE	VSTD	☐ DELETE	3 1 TITLE		Change Addition
NAME	GIBBS, SUSAN E.		3.2 NAME		
STREET ADDRESS	684 DIAMOND ROAD		3.3 STREET ADDRESS		
DITY-ST-ZIP	PENSACOLA FL		3 4 CITY-SI-ZIP		
TITLE		DELETE	4 1 TillE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		[ ] DELETE	4.4 CRY-ST-ZIP		Choose Classes
NAME			5. 1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
IITLE		☐ DELFTE	6 1 TITLE		Change Addition
NAME		-	62 NAME		☐ 41/41/80 ☐ MIO.10(I
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		,	6 4 CITY - ST - ZIP		
certify that t oath; that I a	certify that the information supplied he information indicated of this ann am an officer or director of the co Block 12 or Block 12 if charges	pratito var trie recentor et truste	ished and does not qualify flual report is true and accura	or the exemption stated in Section 119.0 ite and that my signature shall have the s s report as required by Chapter 607, Floi	ame legal effect as if made under

SIGNATURE: \_\_ E.K. Edwards-P

04/24/96 Date

E.K. Edwards-P

904-478-1000