

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90018 001 \*\*\*150.00

DOCUMENT # L66465

1. Corporation Name

CRANE & EQUIPMENT CONSULTING, INC.

Principal Place of Business

22 LAKE BEAUTY DR  
STE - 100  
ORLANDO FL 32806  
US

Mailing Address

22 LAKE BEAUTY DRIVE  
#100  
ORLANDO FL 32806  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1990

4. FEI Number

59-3014709

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

R. BRUCE MERCER

82 Street Address (P.O. Box Number is Not Acceptable)

2859 HERTHA AVE

83

84 City

ORLANDO

FL

85 Zip Code

32826

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

*R. Bruce Mercer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ~~MEADOWS, JOANN~~

STREET ADDRESS ~~3010 PERIDOT CT~~

CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ST ☒ DELETE

NAME ~~MEADOWS, JACK L~~

STREET ADDRESS ~~22 LAKE BEAUTY DRIVE STE-100~~

CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☒ Change ☐ Addition

1.2 NAME MARTHA J. MERCER

1.3 STREET ADDRESS 2859 HERTHA AVE

1.4 CITY-ST-ZIP ORLANDO, FL 32826

2.1 TITLE S T D ☒ Change ☐ Addition

2.2 NAME R. BRUCE MERCER

2.3 STREET ADDRESS 2859 HERTHA AVE

2.4 CITY-ST-ZIP ORLANDO, FL 32826

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 APR 99

Date

407-423-5602

Daytime Phone #

CR2024-1110R

0095240