


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 16 AM 9:44 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000607 CONSOLIDATED RIGGING AND LIFTING PRODUCTS OF THE CAROLINAS, L.C. P.O. BOX 3235 JACKSONVILLE FL 32206		1a. Principal Place of Business Address 11522 WINDING WAY DRIVE CHARLOTTE NC 28226		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/03/1995 4. FEI Number 56-1935903 5. Date of Last Report 03/04/1996
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		3a. State of Formation FL 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> SB 75 Additional Fee Required		
5. Name and Address of New Registered Agent Name <u>Raulerson, Bobby L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4700 N. Pearl St.</u> Suite, Apt. #, etc. City <u>Jacksonville</u> FL Zip Code <u>32206</u>				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE <u>Bobby L. Raulerson</u> DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	FUNK, ROBERT M	545 CENTRAL AVENUE	JOHNSTOWN PA	
MGR	WARD, LAWRENCE H JR.	545 CENTRAL AVENUE	JOHNSTOWN PA	
MGRM	RAULERSEN, BOBBY L	4700 NORTH PEARL STREET	JACKSONVILLE FL	
MEM	PRESLEY, DONALD	4700 NORTH PEARL STREET	JACKSONVILLE FL	
			500002148315--6 -04/18/97--01115--010 ****203.75 ****203.75	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or an attachment with an address.				
SIGNATURE: <u>Bobby L. Raulerson</u>		3/31/97 904-765-7177		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #		

Bobby L. Raulerson