

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L98945

(3)

1. Corporation Name

HIGH TIMES CRANE, INC.

Principal Place of Business

782 SW PINETREE LANE
PALM CITY FL 34990

Mailing Address

782 SW PINETREE LANE
PALM CITY FL 34990



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BYNUM, WALTER
782 S.W. PINETREE LANE
PALM CITY FL 34990

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

04/21/1995

4. FET Number

65-0213400

Applied For
Not Applicable

5. Creation 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.1509, 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 approved by the corporation's board of directors, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Filing

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D BYNUM, WALTER
STREET ADDRESS
782 SW PINETREE LANE
CITY-ST-ZIP
PALM CITY FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. Further, I do hereby certify that the information indicated on this form is true and correct, 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; and that I am authorized to execute this report as required by Chapter 632, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

407-287-3194

CR2E034 (12/95)