

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

APPROVED AND FILED

95 APR 18 PM 6:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000080167 (8)

1. Corporation Name
CRANE'S NECK, INC.

Principal Place of Business Mailing Address
**13180 N CLEVELAND AVE
SUITE 131
N FT MYERS FL 33903** **1130 SE 18 ST
CAPE CORAL FL 33990
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/15/1993 **04/28/1994**

4. FEI Number Applied For
65-0446507 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 has liability for intangible tax under §. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27.

City & State City & State

23. 28.

Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**RICHARDS, PHILLIP
13180 N CLEVELAND AVE
SUITE 131
N FT MYERS FL 33903**

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 607.0502 and 607.1506, 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 DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARDS, PHILLIPS
STREET ADDRESS	1130 SE 18TH STREET
CITY, ST, ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE **4/16/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR DATE (Typed Name)