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CORPORATION ANNUAL REPORT



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

1996

P94000021816 (1) DOCUMENT #

1. Corporation Name SULLIVAN CRANE SERVICE, INC. Principal Place of Business Mailing Address 2637 E. 40TH PLAZA 2637 E. 40TH PLAZA PANAMA CITY FL 32405 PANAMA CITY FL 32405 3a. Date of Last Report 3. Date Incorporated or Qualified 03/17/1994 04/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3228831 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Florida Statutes ☐ Yes ☐ No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SULLIVAN, BETTY Street Address (P.O. Box Number is Not Acceptable) 82 2637 E. 40TH PLAZA 83 PANAMA CITY FL 32405 Zip Code 84 City 85 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, type 3 or printed name of negetiered agent and their appointable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 TITLE HILF CR2E034 SULLIVAN, MAX 12 NAME NAME 2637 E 40TH PLAZA 1.3 STREET ADORESS STREET AFCINESS PANAMA CITY FL 1.4 CITY - ST - ZIP CHY-ST ZIE DELETE Change ☐ Addition 2 1 TITLE 7111.5 ST SULLIVAN, BETTY 2.2 NAME 2637 E 40TH PLAZA 2 3 STREET ADDRESS PANAMA CITY FL 24 CITY-ST-ZIP DELETE Addition 3 1 THILE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3 4 CiTY-ST-ZiP CHY-ST-ZIP ☐ Change Addition DELETE 4 1 TITLE THEF 4.2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 011Y-S1-ZIP ☐ Change [7] Addition DELETE 5 1 Tilli E 1.111 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 City - ST - ZiP CIY ST ZP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 feceiver 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 or changed, or on an attagrament with an address.

(12/95)