

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007560 (2)

1. Corporation Name

CRANE'S LEASING COMPANY, INC.



Principal Place of Business

33920 US HWY 19 N
SUITE 200
PALM HARBOR FL 34684

Mailing Address

33920 US HWY 19 N
SUITE 200
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 102 Tanglewood Ct.

2a. Mailing Address

26 102 Tanglewood Ct.

4. FEI Number

59-3296979

Applied For

Not Applicable

22. Suite

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

Safety Harbor, FL

28. City & State

Safety Harbor, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24. Zip

34695

25. Country

USA

29. Zip

34695

30. Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT C III
33920 US HWY 19 N
SUITE 200-269
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81. Name

James C. Crane

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

102 Tanglewood Ct.

83.

84. City

Safety Harbor

85. Zip Code

FL 34695

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

James C. Crane

James C. Crane

DATE Feb. 19, 1996

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME CRANE, JAMES C
STREET ADDRESS 102 TANGLEWOOD CT
CITY-ST-ZIP SAFETY HARBOR FL 34695

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/S ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Delores M. Crane
2.3 STREET ADDRESS 102 Tanglewood Ct.
2.4 CITY-ST-ZIP Safety Harbor, FL 34695

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 do 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 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:

James C. Crane

James C. Crane,

2/19/96

(813) 725-4162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)