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 # P95000076670 (5)

1. Corporation Name
CORBETT CRANE RENTAL, INC.

Principal Place of Business
800 S NOVA ROAD SUITE C
ORMOND BEACH FL 32174

Mailing Address
800 S NOVA ROAD SUITE C
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report:

4. FEI Number: 59-3337474 ☐ Applied For ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 998 BELLEVUE AVE.
Suite, Apt. #, etc.
22
City & State
23 DAYTONA BCH, FL
Zip 24 32114 Country 25 USA

2a. Mailing Address
26 P.O. BOX 388
Suite, Apt. #, etc.
27
City & State
28 DAYTONA BCH., FL
Zip 29 32115 Country 30 USA

9. **Name and Address of Current Registered Agent**

CAPO, ROBIN
800 S NOVA ROAD SUITE C
ORMOND BEACH FL 32174

10. **Name and Address of New Registered Agent**

81 Name: CORBETT, P.E.
82 Street Address (P.O. Box Number is Not Acceptable): 998BELLEVUE AVE.
83 DAYTONA BEACH, FL
84 City: DAYTONA BEACH FL 85 Zip Code: 32114

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: *P.E. Corbett, D.* DATE: *4-16-96*

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAPO, ROBIN	
STREET ADDRESS	800 S NOVA ROAD SUITE C	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	X Change ☐ Addition
1.2 NAME	CORBETT, P.E.	
1.3 STREET ADDRESS	998 BELLEVUE AVE.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 Date — *904-252-6875* Daytime Phone #

0011361 CP