

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000095342 (8)**

1. Corporation Name  
**PANHANDLE CRANE SERVICE, INC.**

Principal Place of Business  
**5855 NORTH STEWART STREET  
MILTON FL 32570**

Mailing Address  
**5855 NORTH STEWART STREET  
MILTON FL 32570-3631**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**HOPMEIER, JAMES M  
5855 NORTH STEWART STREET  
MILTON FL 32570**

3. Date Incorporated or Qualified  
**12/14/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3357078**

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

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 607.1508, 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

Signature of stockholder, officer, or registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELLIS JON DOYLE           |  |
| STREET ADDRESS | 126 DANA STREET           |  |
| CITY-ST-ZIP    | PACE FL                   |  |
| TITLE          | VD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | HOPMEIER, JAMES M         |  |
| STREET ADDRESS | 5855 NORTH STEWART STREET |  |
| CITY-ST-ZIP    | MILTON FL 32570           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                   |  |
|--------------------|-------------------|--|
| 1.1 TITLE          | President         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | James M. Hopmeier |  |
| 1.3 STREET ADDRESS | 5855 Stewart St   |  |
| 1.4 CITY-ST-ZIP    | Milton, FL 32570  |  |
| 2.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                   |  |
| 2.3 STREET ADDRESS |                   |  |
| 2.4 CITY-ST-ZIP    |                   |  |
| 3.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                   |  |
| 3.3 STREET ADDRESS |                   |  |
| 3.4 CITY-ST-ZIP    |                   |  |
| 4.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                   |  |
| 4.3 STREET ADDRESS |                   |  |
| 4.4 CITY-ST-ZIP    |                   |  |
| 5.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                   |  |
| 5.3 STREET ADDRESS |                   |  |
| 5.4 CITY-ST-ZIP    |                   |  |
| 6.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                   |  |
| 6.3 STREET ADDRESS |                   |  |
| 6.4 CITY-ST-ZIP    |                   |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a shareholder 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James M. Hopmeier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0490666

CR2E034 (9/96)