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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000023326**1. Corporation Name

CRANE RENTAL OF FLORIDA, INC.

	·				· 			
Principal Plac	ce of Business .	Mailin	g Address				i isaaa isaa ijira i	1919 8111 (631
170 N GOLDENROD RD 269 ROBIN SONG RD								
ORLANDO FL	32872-0127	CHULU US	OTA FL 32766			DO NOT WRITE IN THIS	CDACE	
		ŲS				3. Date Incorporated or Qualifed	STACE	
						03/11/1996		
2. Principal F	Place of Business	2a. Ma	ailing Address			4. FEI Number	Apr	lied For
21		26	<b>y</b>			NOT APPLICABLE	<u> </u>	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		**		\$8.75 A	
22		27	27			5. Certifcate of Status Desired	Fee Red	
City & State		Cit	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to	
Zip Country		Zip	Zip Country		ry	8. This corporation owes the current year Intangible		
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registere	d Agent			10. Name and Address of New Registered	Agent	
A CL	ILOOM ALAN	'		8	1 Name			
ASH	ILOCK, ALAN			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
170 N GOLDENROD RD				Ĺ			· · · · · · · · · · · · · · · · · · ·	ا منے تی س
UHL	ANDO FL 32872-0127	,		8	3		3 1 2 3	
				8	4 City		85 Zip C	òde
4 90, 33 mm - 1 e	and the second of the second o	244		ľ	J.,	FL	.   03   2.5 0	
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statut	es, the abo	ve-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its r	egistered
	am familiar with, and accept the obli					ion's board or directors, i nereby accept the appo	munem as reg	istered
SIGNATURE	•							
1	Signature, typed or printed name of registered a	<del></del>		: Registered Ag	ent signature require	ed when reinstating) DATE		
12	OFFICERS A	AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLÉ	P		☐ DELETE	1.1 TITLE		30° g	Change	☐ Addition
NAME	ASHLOCK, ALAN			1.2 NAME				]
STREET ADDRESS				1.3 STRE	ET ADORESS			
CITY-ST-ZIP	CHULUOTA FL	***	[7] pri ere	1.4 CITY-				
TITLE			DELETE	2.1 TITLE			☐ Change	Addition
NAME ,				2.2 NAME				ĺ
STREET ADDRESS				2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			·	2. 4 CITY	ST-ZIP			
TITLE 33			☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STRE	ET ADDRESS	,		2 312
CITY-ST-ZIP				3.4. CITY			<u> </u>	6 126
LIÛrE			☐ DELETE	4.1 TITLE			Change:	<ul> <li>∴ Addition  </li> </ul>
NAME			* .	4. 2 NAM	<b>.</b>			
STREET ADDRESS	1.5			4.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			
TITLE	J		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 C/TY-				
TITLE	7 19 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DELETE	6.1 TITLE				☐ Addition
NAME	F 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						☐ Change	
NAME	Cartina & Society			6.2 NAME			☐ Change	

14. I hereby certify that the information supplied with this filing does pet 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 an officer or director of the corporation of the reporter 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP"

5000

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90061 033 \*\*\*150.00

CR2E034 (11/98)