

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036622 (4)**

1. Corporation Name
TAMPA CRANE & BODY CO.

Principal Place of Business
**P.O. BOX 280264
TEMPLE TERRACE FL 33687-0264**

Mailing Address
**P.O. BOX 280264
TEMPLE TERRACE FL 33687-0264**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3378023	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LINSKY, MICHAEL A
601 EAST TWIGGS STREET, SUITE 200
TAMPA FL 33602**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Connie Grubb	
STREET ADDRESS	6108 Rain Briar Ct.	
CITY-ST-ZIP	Tampa, FL 33617	<input type="checkbox"/> DELETE

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	John M. Grubb	
STREET ADDRESS	6198 Rain Briar Ct.	
CITY-ST-ZIP	Tampa, FL 33617	<input type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.2 NAME	
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1.3 STREET ADDRESS	
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1.4 CITY-ST-ZIP	
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME	
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2.3 STREET ADDRESS	
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2.4 CITY-ST-ZIP	
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	
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3.3 STREET ADDRESS	
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3.4 CITY-ST-ZIP	
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	
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4.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	
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5.3 STREET ADDRESS	
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5.4 CITY-ST-ZIP	
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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14. I do 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 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:

Connie Grubb

Connie Grubb

2-14-97

CR2E034 (9/96)