**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087613 1. Corporation Name

L. W. LAWSON CRANE RENTALS, INC.

## FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90039 002 \*\*\*150.00



Principal Place of Business Mailing Address 4450 S. W. 59TH AVENUE 4450 S. W. 59TH AVENUE DAVIE FL 33314 DAVIE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0699410 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAWSON, LARRY W 4450 S. W. 59TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33314 84 City Zin 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE -7-714" ☐ Addition LAWSON, LARRY WAYNE NAME 1.2 NAME 4450 SW 59 AVE STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE ☐ Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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 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, with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR

954-714-2570

CR2E034 (11/98)