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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017943 (6)

CRANE	WARNING SYSTEMS, INC.	.,				
Principal Place	e of Business	Mailing Address			L LE DIVERNI TIM COTAT TORUL MATER MBITT #0151 #0210 1584/4 1009/6 #0111 AIDEO (11)	1881
2323 EDEN PARKWAY LAKELAND FL 33803		2323 EDEN PARKWAY LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/24/1997	
2. Principal P	lace of Business	2a, Mailing Address			(4, FEI Number Applie	
21		26				plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addit Fee Requir	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution St.00 May Added to Fe	
Zip 24	Country 25		Countr 30	у	B. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30. Yes \(\sigma\) No	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
250 511	RETT, DYKES C PARK AVENUE SOUTH I FLOOR		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
WIN	ITER PARK FL 32789		84		<b>■.</b> [85] Zip Code	9
11. Pursuant office or reagent. I a	io the provisions of Soctions 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida Such change was a cons of, Soction 607.0505, Flo	es, the above authorized borida Statute	re-named cor y the corpora s.	rporation submits this statement for the purpose of changing its regardion's board of directors. I hereby accept the appointment as regions	gistered stered
SIGNATURE	Signature, typed or junited manie of registered agent	and the if equipable INO16	Registered Ac	en) signature regu	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Addition
NAME	DICKINSON, RANDALL G		1.2 NAME			
STREET ADDRESS	2323 EDEN PARKWAY		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		14 CITY-	ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐	Addition
NAME	DICKINSON, CATHY EVERETT		2.2 NAME			
STREET ADDRESS	2323 EDEN PARKWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY - ST - ZIP			3 4. CITY-	ST-ZIP		
TITLE		DELETÉ	4.1 TITLE		Change	Addition
NAME			4. 2 NAME	!		
STREET ADORESS			4.3 STREE	ADDRESS		

64CITY-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 adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the control 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 phanged, or on an attay himself with an address.

4.4 CITY-ST-ZIP

53 STREET ADDRESS

**63 STREET ADDRESS** 

5.4 CITY-ST-ZIP

5.1 TITLE

6.1 TITLE 6.2 NAME

CICNIATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

the relief of printed name of sidning of sicker on Director

DELETE

DELETE

1/28/98 6470350 Date Dayling Phone 9 041748

☐ Change

Change

Addition

☐ Addition

**FILED** 

Feb 25 1998 8:00am

Secretary of State

FEET (1037)