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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOOO17042

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90147 034 ***150.00

1 Composition	NEW # P9/000	01/3 4 3					
1. Corporation Name CRANE WARNING SYSTEMS, INC. Principal Place of Business 2323 EDEN PARKWAY AKELAND FL 33803 AKELAND FL 33803 AKELAND FL 33803					•		
CHANE V	WARNING STSTEMS, INC.					(1846 (36)8 (5) 11 (1688 (11) 1881
							! !!!! !!!! ! !!! !
			_				
Principal Place	e of Business	Mailing Address					
					•		
LAKELAND FL 3	13803	LAKELAND FL 33803			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					02/24/1997		
2 Dringing D	ace of Business	2a. Mailing Address	_	_	4. FEI Number	Ani	olied For
	ace of business	26			59-3430703	<u> </u>	Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.	_			\$8.75 A	
	,, 0.00.	27			5. Certificate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5:00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	у	8. This corporation owes the current year In	ntangible	
24	25 29		30		Personal Property Tax.		□No
24	9. Name and Address of Current		122,		10. Name and Address of New Registered	d Agent	
		<u> </u>	8	1 Name			
	RETT, DYKES C			0 0 0 0	desce (D.O. Boy Number is Not Assentable)		
250 PARK AVENUE SOUTH			8	Z Street Add	dress (P.O. Box Number is Not Acceptable)		-
5TH	FLOOR		8	3	• ,		
WINT	TER PARK FL 32789					1	
			8	4 City	. Fi	85 Zip C	ode
11 Oursugat	to the provisions of Sections 607.050	2 and 607 1508 Florida Status	tes the abo	ve-named cor	poration submits this statement for the purpose of	of changing its	registered
office or re	onistered agent, or both, in the State of	of Florida. Such change was a	autnonzed b	v tne corborai	tion's board of directors. I hereby accept the appe	ointment as reg	jistered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Fig	orida Statute	s.	,		
SIGNATURE							
	Clanature, based or printed name of registered poen	t and title if annicable (NOT	F: Registered Ad	ent signature reguli	red when reinstating) DATE)
	Signature, typed or printed name of registered agen		E: Registered Ag	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
12.	OFFICERS AN	t and title if applicable. (NOTI D DIRECTORS DELETE				AND DIRECTO	RS IN 12
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE				
12. TITLE NAME	OFFICERS AN DICKINSON, RANDALL G	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	:			
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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: