

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90052 005 ***150.00

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DOCUMENT # P97000023340

1. Corporation Name
KEENE CRANE & EQUIPMENT, INC.



Principal Place of Business
~~703 HITCHCOCK STREET~~
PLANT CITY FL 33566

Mailing Address
~~703 HITCHCOCK STREET~~
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1997

2. Principal Place of Business

21 703 Hitchcock St.

2a. Mailing Address

26 703 Hitchcock St.

4. FEI Number
59-3447300

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEENE, WILLIAM

~~2407 TRAPHILL RD~~
PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2407 Trapnell Road

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KEENE, WILLIAM
STREET ADDRESS ~~703 HITCHCOCK STREET~~
CITY-ST-ZIP PLANT CITY FL 33566

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 703 Hitchcock Street
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ~~KEENE, WILLIAM KIPLIN~~
STREET ADDRESS ~~703 HITCHCOCK STREET~~
CITY-ST-ZIP PLANT CITY FL 33566

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Keene, William Kip
2.3 STREET ADDRESS 703 Hitchcock Street
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KEENE, LAVERNE
STREET ADDRESS ~~703 HITCHCOCK STREET~~
CITY-ST-ZIP PLANT CITY FL 33566

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 703 Hitchcock Street
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Keene

4-12-99

813-719-7812

Date

Daytime Phone #

CR2E034 (11/98)