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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90059 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000007719

1. Corporation Name

NIEMAN-BISHOP CRANE & RIGGING, INC.

Principal Place of Business

641 HARRINGTON LANE
JACKSONVILLE FL 32221

Mailing Address

641 HARRINGTON LANE
JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

59-3488763

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1702-1 Lindsey Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 P O Box 37350

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

Zip 32221

Country Duval

City & State

28 Jacksonville, FL

Zip 32221-7350

Country Duval

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9. Name and Address of Current Registered Agent

BISHOP, ROBERT D
641 HARRINGTON LANE
JACKSONVILLE FL 32221

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 **Robert D Bishop President**

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

(NOTE: Registered Agent signature required when reappointment)

1-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NIEMAN, DARIN P	
STREET ADDRESS	8170 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, ROBERT D	
STREET ADDRESS	641 HARRINGTON LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
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
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Robert D Bishop President**1-10-99**

Date

904-781-0090

Daytime Phone #

CR2E034 (11/98)