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

DOCUMENT # P98000036024

1. Corporation Name

HOLIDAY FL 34690

2. Principal Place of Business

Suite Ant # etc

DW CRANE SERVICE INC.

Principal Place of Business	Mailing
2623 GRAND BOULEVARD	2623 GI

Address

2a. Mailing Address

Suite, Apt. #, etc.

26

RAND BOULEVARD HOLIDAY FL 34690

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90018 012 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

04/21/1998 4. FEI Number

осно, г фи	27						5. Certificate of Status Desired L	1	Fee Required		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution]	\$5.00 Added to	•		
Zip	Country	Zip		Cot	intry		8. This corporation owes the current				
	25	29		30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registere	d Agent				10. Name and Address of New Reg	stered A	gent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET					81	Name					
					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
IALI	LAHASSEE FL 32301-2525				83						
					84	City	770		85 Zip C	ode	
					FL 63 2						
office or r	registered agent, or both, in the State or m familiar with, and accept the obligation of registered agent.	f Florida. S ons of, Sec	uch change was a tion 607.0505, Flo	uthorized rida Stat	l by utes.	the corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	e appoin	tment as reg	jistered	
	OFFICERS AND			13.	Agun	r signature roq	ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTO	RS IN 12	
 E	D	, D.II. (2010)	DELETE	1.1 T	TLE				Change	Addition	
	STAGGS, DAVID			1.2 N	AME						
- :E1 ADDRESS	EZOS MONONANO ANCENTA					ADDRESS	•				
ST-ZIP	NEW PORT RICHEY FL 34652				TY-S1						
51-ZIP	D		☐ DELETE	2.1 1		,- <u>L</u>			Change	Addition	
• '	ALEXANDER, WAYNE			2.2 N							
. ACMATE CC	TANA OPPEN OTPET			ŀ		ADDRESS					
== I AODRESS	NEW PORT RICHEY FL 34652										
ST-ZIP	HEN FORT MORE! TE 34032		☐ DELETE	3.1 Ti	ITY-S	1-21-			Change	Additio	
=			_ Jeee.	3.2 N		Ì			_ ,	_	
						ADDRESS	-	-			
· I AUGRESS	ĺ										
ST-ZIP	[·		☐ DELETE	4.1 T	лY-S	1-21			Change	Additio	
E				4.21		İ				_	
-						**ODOECC					
I AUUHLUS	ĺ					ADDRESS					
ST-ZIP	ļ		☐ DELETE	4.4 C	17Y-S1	1-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Additio	
-			_ Section	5.7 N						_	
				535	TREET	ADDRESS					
LE I ADDRESS					ITY- \$1						
ST-ZIP	<u> </u>		☐ DELETE	6.1 T					Change	Addition	
91-En .	1		☐ DECEIE		AMÉ				П 2		
-											
-						ADDDEED					
1 AUDIN 93				6.3 S		ADDRESS					

officer or director of the corporation or the receiver or pulse empowered and that my signature shall have the same legal effect as it made under oath, that I am at officer or director of the corporation or the receiver or pulse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachange of the corporation of the corporation of the corporation or pulse empowered.

MATURE: