2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: <u>DEMMS DRAWDY</u>

Jul 27, 2006 8:00 am DOCUMENT # P99000044270 **Secretary of State** 1. Entity Name 07-27-2006 90016 038 ***150.00 DRAWDY'S CRANE SERVICE, INC. Principal Place of Business Mailing Address PO BOX 1238 PO BOX 1238 MINNEOLA FL 34755 MINNEOLA FL 34755 2. Principal Place of Business RO, Box 65/ 3. Mailing Address *P.O., Both.* 65/ Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) CITY & State CENTER HILL 4. FEI Number Applied For City & State 59-3576097 Not Applicable SUM TER \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAWDY DENNIS R Street Address (P.O. Box Number is Not Acceptable) 45 W. PRAIRIE ST. DRAWDY, DENNIS R 470 WATERWOOD CT MINEOLA FL 34715 8. The above named entity of bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete OWNER Change ☐ Addition DRAWDY, DENNIS R JR DRAWDY DENNIS R. 45 WEST PRAIRFEST. CENTER HILL PL. 33514 NAME NAME P O BOX 1238 STREET ADDRESS STREET ADDRESS MINNEOLA FL 34755 CITY-ST-ZIP CITY, ST. ZIP ☐ Delete TITLE भार ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 yequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

7-22-06 (352-569-533)