## 2008 FOR PROFIT CORPORATION

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DOCUMENT # P99000102502								FILE	٦		
1. Entity Name								• •			
P & L CRANE SERVICE, INC.								JUL -7 A			
Principal Place	e of Business		Mailing Address		l		SE	CRETARY O LAHASSEE	FSTAT	E.	
400 PARK PL			400 PARK PLACE	· ·			TAL	LAHASSEE	, FLOR	).t	
OLDSMAR, FL	L 34677		OLDSMAR, FL 34677								
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Principal Place of Business - No P.O. Box # 3. Mailing Address											
3036 (	Ave	. No.			IBIIN 13000 MB411 MB141 MB	<b>                                    </b>		IIDDI KI KUDI			
Suite, Apt. #, etc. Suite, Apt. #, etc.							06252008	Chg-P	CR2EC	34 (12/06)	
City & State	City & State	~ DI			4. FEI Number			<u> </u>	plied For		
Clearwater, FL Zip Country			Clearwater, FL Zip Country				59-3620	031	·	\$8.75 Add	ot Applicable
33759 USA		33759 US		•	5. Certificate		of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
DESJARDIN, ELIZABETH J							HERNANDEZ				
400 PARK PL Street						ddress (P.O. Box Number is Not Acceptable)					
OLDSMAR, FL 34677					1		n Oak Av	enue Nort	h		-
						3036 Glen Oak Avenue City Clearwater			FL Zip Code		
The above named entity submits this statement for the purpose of changing its registered office or register								n, in the State of F		-   337 familiar with.	59 and accept
the obligations of egistered agent.											
SIGNATURE Jol Aurus Joe A. Hernandez 06/30/08											
Skgruture, typed or printed name of registered agent and title it displicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	,	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D XXX Delete TITLE					Pres/Sec/Treasurer/Director 🗗 Change 🗆 Addition					
NAME	DESJARDIN, PIERRE A						Joe A. Hernandez				
STREET ADDRESS CITY-ST-ZIP	400 PARK PL STREET OLDSMAR, FL 34677 CITY-ST					30,36		k Avenue	North	• "	
TITLE	D		E	<u></u>				☐ Change	☐ Addition		
NAME	DESJARDI	NAM	1	Clearwater, FL 33759							
STREET ADDRESS CITY-ST-ZIP	400 PARK OLDSMAR		ET ADDRESS - ST-ZIP	07/16/0801016002 **61.29				25			
TITLE	OLDGIVIAN	,12 04077	Delete	TITL			·			Change	Addition
NAME			□ Delete	NAM	i					[_] Onlings	CT VOOITION
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				-	-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS				STRI	EET ADDRESS						
CITY-ST-ZIP				_	-ST-ZIP						
title Name			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	1					☐ Change	Addition
NAME STREET ADDRESS				NAM STR	EET ADDRESS					ΛΛ.	1/10
CITY-ST-ZIP					'-ST-ZIP						וי אוןי
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 required 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											
		/	~//	41/							
SIGNAT	URE:	Joe A	PRINTED NAME OF SIGNING OFFICER				06/3	0/08 Date	( )	Daytime Phone #	