

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # S15174 (3)

1. Corporation Name
K CRANES, INC.

Principal Place of Business

2180 WEST FIRST STREET
SUITE 210
FT. MYERS FL 33901

Mailing Address

2180 WEST FIRST STREET
SUITE 210
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1990

4. FEI Number

65-0238133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1342 COLONIAL BLVD
Suite, Apt. #, etc. E36

22 City & State FT MYERS, FL

23 Zip 33907 Country USA

2a. Mailing Address

26 1342 COLONIAL BLVD
Suite, Apt. #, etc. E36

27 City & State FT MYERS FL

28 Zip 33907 Country USA

9. Name and Address of Current Registered Agent

CUNARD, KATHY
2180 W. FIRST STREET
SUITE 210
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name CUNARD, KATHY
82 Street Address 1342 COLONIAL BLVD - E36
83
84 City FT MYERS FL Zip Code 33907

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 reinstalling)

DATE

8/11/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME CUNARD, KATHY
STREET ADDRESS 2180 W. FIRST ST., #210
CITY-ST-ZIP FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME CUNARD, KATHY
1.3 STREET ADDRESS 1342 COLONIAL BLVD. E36
1.4 CITY-ST-ZIP FT MYERS, FL 33907

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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.

SIGNATURE:

SIGNATURE REQUIRED Kathy Cunard

8/11/98

CR2E034 (5/98)