SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:21

DOCUMENT # **V60424** **(1)**

1. Corporation Name
HOIST AND CRANE SERVICES, INC.

Principal Place of Business	Mailing Address
3574 RAINTREE CIR E LAKELAND FL 33803-4905	3574 RAINTREE CIR E LAKELAND FL 33803-4905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address
21 Hoist And Crane Svcs.	26 Hoist And Crane Svcs.
Suite, Apt. #, etc. 22 502 West Brannen Road	Suite, Apt. #, etc. 27 6424 Longwood Trace Ln N.
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip / County 24 33813 / 25 USA	Zip / County 29 33811 / 30 USA

4. FEI Number: 59-3139781 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKS, JOHN PAUL % WENDEL CHRITTON & PARKS CHARTERED 5300 SOUTH FLORIDA AVE. LAKELAND FL 33813	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	11 TITLE	PD	☒ Change ☐ Addition
NAME	TAPHORN, THOMAS N.	12 NAME	Taphorn, Thomas N.	
STREET ADDRESS	3574 RAINTREE CIRCLE EAST	13 STREET ADDRESS	6424 Longwood Trace Lane North	
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	Lakeland, FL 33811	
TITLE	V S	21 TITLE	VS	☒ Change ☐ Addition
NAME	TAPHORN, LYNN M.	22 NAME	Taphorn, Lynn M.	
STREET ADDRESS	3574 RAINTREE CIRCLE EAST	23 STREET ADDRESS	6424 Longwood Trace Lane North	
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	Lakeland, FL 33811	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas N. Taphorn Thomas N. Taphorn President 6-14-95 941-646-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0150520 FP