SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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 30 AM 9:52

DOCUMENT # V64591 (3)

1. Corporation Name

AMERICA CRANE CONSULTANT SERVICES, INC.

Principal Place of Business	Mailing Address
2290 S VOLUSIA H2 ORANGE CITY FL 32774 US	BOX 740235 ORANGE CITY FL 32774 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1992
3a. Date of Last Report: 01/10/1995
4. FEI Number: 59-3145423 — Applied For / Not Applicable

2. Principal Place of Business: 21 1500 E. Lansdowne Ave
2a. Mailing Address: 26
Suite, Apt. #, etc: 22 / 27
City & State: 23 / 28
Zip / Country: 24 / 25 / 29 / 30

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 taken the 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
HASTINGS, RHONDA 1500 E. LANSDOWNE AVE. ORANGE CITY FL 32763	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 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: Rhonda Hastings — Date: 6/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	TITLE	☑ Change ☐ Addition
NAME	HASTINGS, RHONDA	NAME	
STREET ADDRESS	651 W GRAVES AVE	STREET ADDRESS	1500 E. Lansdowne Ave
CITY-ST-ZIP	ORANGE CITY FL	CITY-ST-ZIP	
TITLE	TD	TITLE	☑ Change ☐ Addition
NAME	HASTINGS, RHONDA	NAME	
STREET ADDRESS	651 W GRAVES AVE	STREET ADDRESS	1500 E. Lansdowne Ave.
CITY-ST-ZIP	ORANGE CITY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Rhonda Hastings (signature) — 6/26/95 — (904) 775-0246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone Number

CR2E034 (3/95)

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