## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M67391

CRUMMEY INVESTIGATIONS, INC.

(6)

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Principal Place of Business Mailing Address 100 RIALTO PLACE. #700 P.O. BOX 510405 MELBOURNE FL 32901 MELBOURNE BEACH FL 32951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2909401 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Agrided to Fees Zip Country Zip Country 8. This corporation owes or has paid the current ear Intangible ☐ Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRUMMEY, PETER F. 380 RIGGS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE BEACH FL 32951** В3 City 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 Signature typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) (10/97)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DP DELETE Change Addition TITLE 1.1 DILE CRUMMEY, PETER F. NAME 1.2 NAME CR2E034 380 RIGGS AVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TATLE 2.1 TITLE HUGHES-CRUMMEY, BEVERLY NAME 2.2 NAME 380 RIGGS AVE STREET ADDRESS 2.3 STREET ADDRESS **MELBOURNE BEACH FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-2IP 64 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowers 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 action.

FILED

Jan 22 1998 8:00am

Secretary of State