2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

,		ANNUA	- 17							SCCIC	ıaı	y UI b	Siaic
DOCUMENT # P0300008611 1. Entity Name FRANK WINSTON CRUM INSURANCE, INC.								04-29-2004 90311 022 ***150.00					
Principal Place of Business 380 PARK PLACE SUITE 100 CLEARWATER, FL 33759			3 \$	Mailing Address 380 PARK PLACE SUITE 100 CLEARWATER, FL 33759				1					
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04272	004	Chg-P	CR2E	034 (10/03)	
City & State	е		1	City & State				4. FELI	Number	6-16836	641	}	plied For LApplicable
Zip		Country		Zip	Cour	ntry		5. Certi		Status Desired		\$8.75 Add	itional
	6 Name	and Address of Curren	nt Begis	tered Agent				7 Nam	e and A	ddress of New Re	enistered		-
-	o. Raine	and Address of Conte	it megia	torea Agent		Name		7. 140111		duicas of ficer for	cylotered	- Agont	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST.						Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE, FL	32399											
1						City					FI	Zip Code	;
the obligat	ions of regist	A :			• .	ed office or I				in the State of Flo	prida. I an	n familiar with,	and accept
	E NOW!!!	FEE IS \$150.00 1 Fee will be \$550	0.00	9. Election Campa Trust Fund Conf			\$5. Add	.00 May ed to Fee	Be s		-		9.0 A
10.		OFFICERS AN	ID OIRE	CTORS	11.			ADDIT	IONS/C	HANGES TO OFF	ICERS AN	ID DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3040 GUL	RANK W SR .F TO BAY BLVD SU ATER, FL 33759	ITE 200	☐ Deleta		1	Si	EE 1	ATT.	ALHEO		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3040 GUL	RANK W JR IF TO BAY BLVD SU ATER, FL 33759	ITE 200	☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3040 GUL	, ČAŘÓL A .F TO BAY BLVD SU ATER, FL 33759	ITE 200	Delete		1		-			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEK, JO 51 CARLO CLEARW			☐ Delete		ī						☐ Change	Addition

12. 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 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.

TITLE.

NAME

TITLE

NÁME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DIXON, JOHN R

15820 BEREA DR

ODESSA, FL 33556

BOALES, BRIAN M

2141 HIDDEN MILL RUN

SNELLVILLE, GA 30078

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/27/04

727-799-1150

☐ Change

☐ Change

☐ Addition

Addition

Mr. 20300000 8611

Frank Winston Crum Insurance, Inc. 2004 For Profit Corporation Annual Report

11. Additions/Changes to Officers and Directors

CHANGE	CRUM, FRANK W SR 3040 GULF TO BAY BLVD SUITE 200 CLEARWATER, FL 33759	D/V
CHANGE	CRUM, FRANK W JR 3040 GULF TO BAY BLVD SUITE 200 CLEARWATER, FL 33759	C/S
CHANGE	BOALES, BRIAN M 380 PARK PLACE BLVD SUITE 100 CLEARWATER, FL 33759	D/P
ADDITION	CARR, JAMES M 380 PARK PLACE BLVD SUITE 100 CLEARWATER, FL 33759	V/T