## **2006 FOR PROFIT CORPORATION**

## Mar 16, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P03000008611** 03-16-2006 90237 034 \*\*\*158.75 FRANK WINSTON CRUM INSURANCE, INC. Principal Place of Business Mailing Address 100 S, MISSOURI AVE. 100 S. MISSOURI AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 CR2E034 (11/05) City & State 4 EELNumber Applied For City & State 06-1683641 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D۷ ☐ Change Addition TITLE Delete TITLE CARR, JAMES M. CRUM, FRANK W SR NAME NAME 100 S. MISSOURI AVENE STREET ADDRESS STREET ADDRESS 100 S MISSOURI AVENUE CITY-ST-ZIP CLEARWATER FL 33756 CLEARWATER, FL 33756 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE CRUM, FRANK W JR NAME NAME STREET ADDRESS STREET ADDRESS 100 S MISSOURI AVENUE CITY-ST-ZIP CITY - ST - ZIP CLEARWATER, FL 33756 Delete □ Change ☐ Addition THILE CRITELLI, CAROL A NAME STREET ADDRESS 100 S MISSOURI AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 Change ☐ Delete TITLE Addition TITLE MEEK, JOHN 4 JR MEEK, JOHN H JR NAME NAME 1005, MISSORI AVENTE 100 S MISSOURI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY - ST - ZIP Change Ch Addition Delete TITLE TITLE DIXON, JOHN R DIXON, JOHN R NAME NAME 100 S. MISSOURI AVEN STREET ADDRESS 15820 BEREA DR STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THILE DP BOALES, BRIAN M NAME NAME STREET ADDRESS 100 S MISSOURI AVENUE STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 frustee 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 address, with all other like empowered.

SIGNATURE:

JAMES TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED