2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000008611 04-07-2008 90055 030 ***150.00 FRANK WINSTON CRUM INSURANCE, INC. 4000---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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 06-1683641 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 Zip 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 the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition DVT TITLE TITLE ☐ Delete CARR. JAMES M. NAME NAME STREET ADDRESS STREET ADDRESS 100 S MISSOURI AVENUE CLEARWATER, FL 33756 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE CS ☐ Delete TITLE CRUM, FRANK W JR NAME NAME STREET ADDRESS 100 S MISSOURI AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 Addition ☐ Change ☐ Delete TITLE TITLE CRITELLI, CAROL A NAME NAME 100 S MISSOURI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE MEEK, JOHN H JR NAME NAME 100 S MISSOURI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER, FL 33756 ☐ Delete TITLE ☐ Change Addition TITLE NAME DIXON, JOHN R NAME STREET ADDRESS

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 supplimental 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 received of the received of the corporation or the received of the re h an address, with all other like empowered. changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

100 S. MISSOURI AVE.

BOALES, BRIAN M

CLEARWATER, FL 33756

100 S MISSOURI AVENUE

CLEARWATER, FL 33756

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED