

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2011
Secretary of State

Entity Name: FRANK WINSTON CRUM INSURANCE, INC.

Current Principal Place of Business:

100 S. MISSOURI AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

100 S. MISSOURI AVE.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 06-1683641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVT
Name: CARR, JAMES M
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: CS
Name: CRUM, FRANK W JR
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: DV
Name: CRUM, MATTHEW C
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: MEEK, JOHN H JR
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: DIXON, JOHN R
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: DP
Name: BOALES, BRIAN M
Address: 100 S MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M. CARR

DVT

02/16/2011

Electronic Signature of Signing Officer or Director

Date