

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007606

Entity Name: CRUCIAL, INC.**Current Principal Place of Business:**9802 BAYMEADOWS ROAD
SUITE 12-188
JACKSONVILLE, FL 32256**Current Mailing Address:**9802 BAYMEADOWS ROAD
SUITE 12-188
JACKSONVILLE, FL 32256**FEI Number:** 26-0119475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TWILLIE, CEDRIC
7990 BAYMEADOWS RD E
418
JACKSONVILLE, FL 32256 US*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**Officer/Director Detail :**

Title	DP
Name	TWILLIE, CEDRIC
Address	7990 BAYMEADOWS RD E #418
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	TWILLIE, YAHARA
Address	7990 BAYMEADOWS RD E #418
City-State-Zip:	JACKSONVILLE FL 32256

Title	DT
Name	SAWYER, WILLIAM L
Address	2170 STONE LAKE DR
City-State-Zip:	MERRITT ISLAND FL 32953

Title	D
Name	WINTERS, DANON
Address	8493 BAYMEADOWS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	DS
Name	BOONE, SHAWN M
Address	P.O. BOX 3683
City-State-Zip:	LAKE CITY FL 32056

Title	D
Name	COVINGTON, STEPHEN E
Address	6141 TROUT RIVER BLVD
City-State-Zip:	JACKSONVILLE FL 32219

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM L. SAWYER**TREASURER****06/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date