2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2015
Secretary of State
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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
6141 TROUT RIVER BLVD
JACKSONVILLE, FL 32219 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	4925 SPRING GLEN ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DT
Name	SAWYER, WILLIAM L
Address	5568 LA MOYA AVENUE UNIT 11
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	PORCENAT, DAVID
Address	843 ALDERMAN ROAD APT 504
City-State-Zip:	JACKSONVILLE FL 32211

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

Title	D
Name	TWILLIE, YAHAIRA
Address	4925 SPRING GLEN ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	WINTERS, DANNON
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

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 SAWYER III TREASURER 03/13/2015

Electronic Signature of Signing Officer/Director Detail — Date