

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008611

Entity Name: FRANK WINSTON CRUM INSURANCE COMPANY**Current Principal Place of Business:**100 S. MISSOURI AVE.
CLEARWATER, FL 33756**Current Mailing Address:**100 S. MISSOURI AVE.
CLEARWATER, FL 33756**FEI Number: 06-1683641****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 TREASURER, VP, DIRECTOR, ASST.
 SECRETARY
Name CARR, JAMES M
Address 100 S MISSOURI AVENUE
City-State-Zip: CLEARWATER FL 33756

Title PRESIDENT, DIRECTOR
Name CRUM, MATTHEW C
Address 100 S MISSOURI AVENUE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name KINDT, MICHAEL D
Address 100 S MISSOURI AVE
City-State-Zip: CLEARWATER FL 33756

Title CHAIRMAN, SECRETARY
Name CRUM, JR, FRANK W
Address 100 S MISSOURI AVENUE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name DIXON, JOHN R
Address 100 S MISSOURI AVENUE
City-State-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**CFO, ASST SECRETARY****04/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date