FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90020 011 ***150.00

DOCUMENT	# 1	53502	
D	'''	JJJJ G	ļ

1. Corporation Name

CRUMP MOTOR COMPANY, INC.

				٠ , ;;٠	
Principal Place	o of Business	Mailing Address		, se-f	$= rac{1}{2} rac{1}$
FRANK J CRUM 285 16TH ST. ST PETERSBUR	ip North	FRANK J CRUMP 285 16TH ST. NORTH ST PETERSBURG FL 33705		,	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/29/1947
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-0575692 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & Stat	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28 Zip	Country		Trust Fund Contribution Added to Fees 8. This comporation owes the current year Intangible
24	25	29 30	¬ ´		Personal Property Tax.
<u> </u>	9. Name and Address of Current		7.		10. Name and Address of New Registered Agent
			81	Name	
	MP,FRANK J		82	Street Addre	ress (P.O. Box Number is Not Acceptable)
	16TH ST N PETERSBURG FL 33705				
31 F	ETENOBUNG FL 33703		83		
			84	City	FL 85 Zip Code
44 Durayant	to the provisions of Sections 607 0503	and 607 1508 Florida Statutos	the above	a-named corno	oration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was autho	orized by	the corporation	on's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agen	t signature required	d when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Additio
NAME	Crump,Frank J		1.2 NAME		:
STREET ADDRESS	315 16TH ST. NORTH		1.3 STREET	ADDRESS	;
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-S	r-zip	
TITLE	SD	X) DELETE	2.1 TITLE		Change ☐ Addition
NAME	CRUMP, AUTIE MAE	•	2.2 NAME		
STREET ADDRESS	130 RAFAEL BLVD. NE		2.3 STREET		
CITY-ST-ZIP	ST PETERSBURG FL VP	□ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP	Change Addition
TITLE NAME	CRUMP, FRANK J	C) OECETE	3.1 TITLE		
STREET ADDRESS	4600 26TH AVE. NORTH		3.3 STREET	AODRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-S		
TITLE	OT I ETEMODOMO I E	☐ DELETE	4.1 TITLE	, <u>L</u> .,	Change Addition
NAME			4. 2 NAME		į
STREET ADDRESS			4.3 STREET	ADORESS	i
CITY-ST-ZIP			4.4 CITY-ST	r- ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET		1
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP	
TITLE		☐ DELETE	6.1 TITLE		· Change G Addition
NAME			6.2 NAME	10000000	
STREET ADDRESS			6.3 STREET		1
CITY-ST-ZIP			6.4 CITY-ST	-217	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with a lother like empowered.

SIGNATURE: