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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381848

(1)

1. Corporation Name
CRUMM TRUCKING, INC.

Principal Place of Business
2101 SCOTT AVE
WEST PALM BEACH FL 33409

Mailing Address
2101 SCOTT AVE
WEST PALM BEACH FL 33409-3209



3. Date Incorporated or Qualified 05/06/1971	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1644998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. SAME	26. P.O. Box 730
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. LOXAHATCHEE
23. Zip	28. FL
24. Country	29. 33470-4212
25. Country	30. Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUMM, HAROLD E.
2101 SCOTT AVE 1316 "B" Rd P.O. Box 730
WEST PALM BEACH FL 33409
LOXAHATCHEE, FL
33470-4212

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMM, EDWARD E	1.2 NAME	
STREET ADDRESS	13720 83RD LANE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMM, HAROLD	2.2 NAME	
STREET ADDRESS	1316 B RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMM, NORMA JEAN	3.2 NAME	
STREET ADDRESS	1316 B RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____

CR2E034 (9/96)