

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90084 006 \*\*\*150.00

13700003

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **647339**  
 1. Corporation Name  
**CRUM INTERNATIONAL, INC.**



Principal Place of Business: **118 S WESTSHORE BLVD 267 TAMPA FL 33609 US**

Mailing Address: **118 S WESTSHORE BLVD 267 TAMPA FL 33609 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4532 W Kennedy Blvd #267 TAMPA FL**

2a. Mailing Address: **4532 W Kennedy Blvd #267 TAMPA FL**

22. Suite, Apt. #, etc.: **#267**

23. City & State: **TAMPA FL**

24. Zip: **33609** 25. Country: **USA**

3. Date Incorporated or Qualified: **11/27/1979**

4. FEI Number: **59-1962917**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**CRUM, JAMES V. III**  
**118 S WESTSHORE BLVD**  
**267**  
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name: **CRUM, JAMES V III**

82. Street Address (P.O. Box Number is Not Acceptable): **4532 W Kennedy Blvd #267**

83. City: **TAMPA**

84. State: **FL**

85. Zip Code: **33609**

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

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUM, JAMES V. III</b>	
STREET ADDRESS	<b>118 S WESTSHORE BLVD #267</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CRUM, JAMES V. III</b>
1.3 STREET ADDRESS	<b>4532 W Kennedy Blvd #267</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/22/99** DAYTIME PHONE #: **813-251-6145**

CR2E034 (11/98)