

4-21-97 B-5088 C-  
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 Apr 21 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 # H32903 (7)  
 1. Corporation Name  
 THE BOB CRUM CO., INC.



Principal Place of Business: 1807 MAIN ST, P.O. BOX 809, VALRICO FL 33594  
 Mailing Address: 1807 MAIN ST, P.O. BOX 809, VALRICO FL 33594-6727

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1807 MAIN ST, P.O. BOX 809, VALRICO FL 33594		26 PO BOX 809		12/06/1984	03/14/1996
22 Suite, Apt. #, etc.		27 (DELETE ST. ADDRESS)		4. FEI Number	Applied For
23 City & State		28 VALRICO, FLA		59-9255329	Not Applicable
24 Zip		29 33595		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 USA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CRUM, BOB 1807 MAIN ST VALRICO FL				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CRUM, BOB 1807 MAIN ST VALRICO FL				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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	P	<input type="checkbox"/> DELETE	1.1 TITLE	KAIA F. ELAM, SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUM, ROBERT W.		1.2 NAME	127 HICKORY CREEK BLVD	
STREET ADDRESS	1807 MAIN ST.		1.3 STREET ADDRESS	BRANDON, FLA 33511	
CITY - ST - ZIP	VALRICO FL		1.4 CITY - ST - ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, DONALD E.		2.2 NAME		
STREET ADDRESS	1458 WALDEN OAKS PLACE		2.3 STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY FL		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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.

CR2E034 (9/96)