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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DONNIE CRUM SEAFOOD, INC.

1. Corporation Name



DOCUMENT # P9400000309

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90051 030 \*\*\*150.00

Principal Place of Business		Mailing Address			I   \$   1   \$   1   1   1   1   1   1   1
P.O. BOX 418 EASTPOINT FL 32328		P.O. BOX 418 EASTPOINT FL 32328			<b>b</b> i
EASTFORM FL 32320					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/3:/1993
2. Principa Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-3220249</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired See Recuired
City & State		City & State			6. Election Campaign Financing Solution Strust Fund Contribution Added to Fees
Zip	Courtry	Zip Country		try	This corporation owes the current year intangible
24	25	29 3	30		Persor al Property Tax. ☐ Yes 🖪 🗖 🗸
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered Agent
	WELL, D.E.			Name Street	e at Acdress (P.O. Box Number is Not Acceptable)
33 13TH ST.			L		
AF'AI	LACHICOLA FL 32320		1	83	
				B4 City	FL 85 Zip Code
office or r	to the provisions of S∈ctions 607.050: egistered agent, or bo h, in the State m familiar with, and accept the obligat	of Florida. Such change was out	horized	by the corp	ed corporation submits this statement for the purpose of changing its registered reporation's board of cirectors. I hereby accept the appointment as registered
SIGNATURE					re regulared when reinstating) DATE
49	Signature, typed or printed naine of registered agen	t and title if applicable (NOTIE: R	Registered A	gent signature	re required when reinstating)  ADDITICINS/CHANGES TO OFFICERS AND DIRECTOFS IN 12
12. TITLE	0	DELETE	1.1 TIT	F	Change Addition
NAME	CRUM. DONNIE L		1.2 NAN	_	
STREET ADDRESS	P.O. BOX 418 N/A			 EET ADDRESS	200
	EASTPOINT FL 32328			-ST-ZIP	~
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITL		☐ Change ☐ Addition
NAME	CRUM. JEAN M	<del>_</del>	2.2 NAN	Ε	
STREET ADDRESS	P.O. BOX 418 N/A			EET ADDRESS	ss
CITY-ST-ZIP	EASTPOINT FL 32328			Y-ST-ZIP	
TITLE	DIGIT ONT TE GEORGE	☐ DELETE	3 1 TITL		Change Addition
NAME			32 NAM	Æ	
STREET ADORE 3S			3.3 STR	EET ADDRESS	ss

6.4 CITY-ST-ZIP 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 a lother like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRE'S

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME.

TITLE

NAME

TYPED OR FRINTED WAME OF SIGNING OFFICES OR DIRECTOR

1-26-99 Date

(850)670-8600

☐ Change

\_\_ Change

☐ Change

Davlime Phone #

Addition

Addition

Addition