

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

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

**DOCUMENT # P94000000309**

1. Corporation Name

**DONNIE CRUM SEAFOOD, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/31/1993**

4. FEI Number  
**59-3220249**

Applied For  
☐ Not Applicable

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

**MAXWELL, D.E.**  
**33 13TH ST.**  
**APALACHICOLA FL 32320**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
**CRUM, DONNIE L**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

1.1 TITLE ☐ Change ☐ Addition

NAME **D** ☐ DELETE

NAME **CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME **D**  
**CRUM, JEAN M**  
STREET ADDRESS **P.O. BOX 418 N/A**  
CITY-STATE-ZIP **EASTPOINT FL 32328**

3.2 NAME ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

*Donnie Crum*

*11-26-99*

(850) 670-8600

Date

Daytime Phone #

CR2E034 (1/98)

0055234