

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000093532 (7)

1. Corporation Name

CRUMMY T'S, INC.



Principal Place of Business

Mailing Address

~~3161 ST. JOHNS BLUFF ROAD SO. STE. 4~~  
JACKSONVILLE FL 32246

~~3161 ST. JOHNS BLUFF ROAD SO. STE. 4~~  
JACKSONVILLE FL 32246

2. Principal Place of Business

21 2159 St. Johns Bluff Rd.

2a. Mailing Address

26 P.O. Box 19621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville FL

City & State

28 Jacksonville, FL

Zip

24 32246

Country

25 DUVAL

Zip

29 32245-9621

Country

30 Duval

9. Name and Address of Current Registered Agent

CRUM, TROY S

~~3161 ST. JOHNS BLUFF ROAD SO. STE. 4~~ 2159 St. Johns Bluff Road  
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

4. FEI Number

59-3283658

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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

*X Troy S. Crum*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE  
NAME WHITLOCK, DAVID  
STREET ADDRESS 2159 ~~3161 ST. JOHNS BLUFF ROAD SO. STE. 4~~  
CITY-STATE-ZIP JACKSONVILLE FL 32246

TITLE PD ☐ DELETE  
NAME CRUM, TROY S  
STREET ADDRESS 2159 ~~3161 ST. JOHNS BLUFF ROAD SO. STE. 4~~  
CITY-STATE-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *X Troy S. Crum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 642-3675

Daytime Phone #

CR2E034 (12/95)