

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067801 (7)**  
1. Corporation Name

**CRUMBLY BROS. FRUIT CO.**



Principal Place of Business

Mailing Address

**629 FORT MEADE RD.  
FROSTPROOF FL 33843**

**629 FORT MEADE RD.  
FROSTPROOF FL 33843**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/01/1995		07/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3326386		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**CRUMBLY, JEREL  
629 FORT MEADE RD.  
FROSTPROOF FL 33843**

81 Name **Deborah Crumbly**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2151 C.R. 630 W**  
83  
84 City **Frostproof** FL 85 Zip Code **33843**

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 **Deborah Crumbly** **Deborah Crumbly** **8-6-97**  
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	D	CRUMBLY, JEREL	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D	CRUMBLY, RICHARD L SR.	<input type="checkbox"/> DELETE	1.2 NAME			
STREET ADDRESS	D	629 FORT MEADE RD.	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS			
CITY-ST-ZIP	D	FROSTPROOF FL 33843	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
TITLE	D	629 FORT MEADE RD.	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D	FROSTPROOF FL 33843	<input type="checkbox"/> DELETE	2.2 NAME			
STREET ADDRESS	D		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS			
CITY-ST-ZIP	D		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		<input type="checkbox"/> DELETE	3.2 NAME			
STREET ADDRESS	D		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS			
CITY-ST-ZIP	D		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		<input type="checkbox"/> DELETE	4.2 NAME			
STREET ADDRESS	D		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS			
CITY-ST-ZIP	D		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		<input type="checkbox"/> DELETE	5.2 NAME			
STREET ADDRESS	D		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
CITY-ST-ZIP	D		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		<input type="checkbox"/> DELETE	6.2 NAME			
STREET ADDRESS	D		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS			
CITY-ST-ZIP	D		<input type="checkbox"/> DELETE	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.

SIGNATURE:

**DEBORAH CRUMBLY**

**8-6-97**

**941/635-4004**

CR2E034 (4/97)