

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPham, Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000054534 (7)

1. Corporation Name

CRUM TRANSPORTATION, INC.

Principal Place of Business

1050 SE 6TH ST.
LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 311
LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

59-3456723

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE FL 32202

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

TITLE President/Director ☐ DELETE

NAME Jon Pritchett
STREET ADDRESS P.O. Box 311
CITY-ST-ZIP Lake Butler, FL 32054

TITLE Director ☐ DELETE

NAME Marvin H. Pritchett
STREET ADDRESS P.O. Box 311
CITY-ST-ZIP Lake Butler, FL 32054

TITLE Director ☐ DELETE

NAME Phillip W. Pritchett
STREET ADDRESS P.O. Box 311
CITY-ST-ZIP Lake Butler, FL 32054

TITLE Director ☐ DELETE

NAME Robin A. Wilson
STREET ADDRESS P.O. Box 311
CITY-ST-ZIP Lake Butler, FL 32054

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition

1.2 NAME Jon Pritchett
1.3 STREET ADDRESS P.O. Box 311
1.4 CITY-ST-ZIP Lake Butler, FL 32054 N/A

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Marvin H. Pritchett
2.3 STREET ADDRESS P.O. Box 311
2.4 CITY-ST-ZIP Lake Butler, FL 32054 N/A

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Phillip W. Pritchett
3.3 STREET ADDRESS P.O. Box 311
3.4 CITY-ST-ZIP Lake Butler, FL 32054 N/A

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME Robin A. Wilson
4.3 STREET ADDRESS P.O. Box 311
4.4 CITY-ST-ZIP Lake Butler, FL 32054 N/A

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

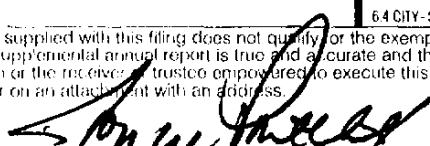
6.2 NAME

6.3 STREET ADDRESS

6.4 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, 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:



4-21-98

904-496-2630

CR2E034 (10/97)