

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 9:01

DOCUMENT # 212791 (8)

1. Corporation Name

CAUSEWAY INSURANCE INC

Principal Place of Business

3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424-3629
US

Mailing Address

3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424-3629
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1958

3a. Date of Last Report

01/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0843338

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

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACK, WARREN
3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MACK, WARREN
STREET ADDRESS 3652 S SEACREST BLVD, PO BOX 3629
CITY ST ZIP BOYNTON BCH FL

TITLE STD
NAME MACK, VERONICA H
STREET ADDRESS 3652 S SEACREST BLVD, PO BOX 3629
CITY ST ZIP BOYNTON BCH FL

TITLE PD
NAME MACK, WARREN R
STREET ADDRESS 3652 S SEACREST BLVD, PO BOX 3629
CITY ST ZIP BOYNTON BCH FL

TITLE SD
NAME MACK, VICKI CODY
STREET ADDRESS 3652 S SEACREST BLVD, PO BOX 3629
CITY ST ZIP BOYNTON BCH FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN R. MACK, PRESIDENT

6/5/95 407-737-6464