

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 4-23-96

DOCUMENT # 212791 4233 (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

3. Date Incorporated or Qualified  
06/09/1958

3a. Date of Last Report  
06/14/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/18/96

407-737-6464

Date

Daytime Phone #

0490450

CR2E034 (12/95)