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Mar 12 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 365331 (8)  
1. Corporation Name  
COLLEGE WEST ESTATES, INC.



Principal Place of Business Mailing Address  
~~729 SEMINOLE RIDGE RD.~~  
~~P.O. BOX 777~~  
~~MELROSE FL 32686~~  
US  
729 SEMINOLE RIDGE RD.  
P.O. BOX 777  
MELROSE FL 32686-0777  
US

3. Date Incorporated or Qualified 06/10/1970  
3a. Date of Last Report 01/26/1996  
4. FEI Number 59-1307206 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

2. Principal Place of Business 26. Mailing Address  
21 5318 Lower BURNINGTOWN ROAD  
State, Apt. #, etc. State, Apt. #, etc.  
22 FRANKLIN, NC 27 FRANKLIN NC  
City & State City & State  
23 Zip 28734 Country US 29 28734 30 US

9. Name and Address of Current Registered Agent  
~~STEADHAM, J M~~  
527 EAST UNIVERSITY AVE  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent  
81 Name WATSON FOLDS STEADHAM TORKACH & WALKER, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 527 EAST UNIVERSITY AVENUE  
83  
84 City Gainesville FL 85 Zip Code 32602

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 *J.M. Steadham, President, Watson Folds, Steadham Torkach & Walker, P.A.*  
DATE 2/15/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEADHAM, J M-AGST	
STREET ADDRESS	729 SEMINOLE RIDGE RD.	
CITY-ST-ZIP	MELROSE-FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STEADHAM, ELVA B	
STREET ADDRESS	4048 N W 23RD CIR.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STEADHAM, JULIE D.	
STREET ADDRESS	729 SEMINOLE RIDGE RD.	
CITY-ST-ZIP	MELROSE-FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5318 Lower BURNINGTOWN ROAD
1.4 CITY-ST-ZIP	FRANKLIN, NC 28734
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5318 Lower BURNINGTOWN ROAD
3.4 CITY-ST-ZIP	FRANKLIN, NC
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *J.M. Steadham* March 3, 1997 352-372-8401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)