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Feb 05 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 # M68082 (0)

1. Corporation Name
ALBERT S. HAWES ESTATE, INC.



Principal Place of Business

% L.C. HAWES, JR.
P. O. BOX 402
DADE CITY FL 33526-0402
US

Mailing Address

% L.C. HAWES, JR.
P. O. BOX 402
DADE CITY FL 33526-0402
US

3. Date Incorporated or Qualified
02/12/1988

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2871493

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

9. Name and Address of Current Registered Agent

HAWES, L.C., JR.
14412 22ND ST
DADE CITY FL 33525

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 D DELETE
NAME HAWES, L.C., JR.
STREET ADDRESS 14412 22ND STREET
CITY-ST-ZIP DADE CITY FL

TITLE D DELETE
NAME TYLER, NORMA H.
STREET ADDRESS 1776 6TH ST., N.W., #806
CITY-ST-ZIP WINTER HAVEN FL

TITLE D DELETE
NAME HAWES, LELAND M., JR.
STREET ADDRESS 5009 DICKENS AVE.
CITY-ST-ZIP TAMPA FL

TITLE P DELETE
NAME TYLER, PAMELA H.
STREET ADDRESS ~~100 PROSPECT STREET~~
CITY-ST-ZIP ~~NEW HAVEN CT~~

TITLE V DELETE
NAME RICHARDS, LAMARCIA H.
STREET ADDRESS ~~12627 88TH AVE., N.~~
CITY-ST-ZIP ~~MAPLE GROVE MN~~

TITLE ST DELETE
NAME CHOATE, JOANNE M.
STREET ADDRESS 12118 CONRAD DRIVE
CITY-ST-ZIP DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1776 6th Street, NW, Apt. 606
Winter Haven, FL 33881

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5939 East Caley Drive
Englewood, Colorado 80111

6.1 TITLE Change 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: Joanne M. Choate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31, 1997 (352) 567-3264

CR2E034 (9/96)