


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

FILED

Jul 25 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 # P96000048111 (4) 1. Corporation Name DOWNING CREEK INC.					
Principal Place of Business RT 1, BOX 284 BRANFORD FL 32008			Mailing Address RT 1, BOX 284 BRANFORD FL 32008-9731		
2. Principal Place of Business 21 RT 1 BOX 284 Suite, Apt. #, etc. 22 City & State 23 BRANFORD, FL Zip 24 32008 Country 25 LAFAIETT		2a. Mailing Address 26 P.O. BOX 450 Suite, Apt. #, etc. 27 City & State 28 BRANFORD, FL Zip 29 32008 Country 30 SHANNEE		3. Date Incorporated or Qualified 06/05/1996 3a. Date of Last Report 4. FEI Number 59-3394157 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOWELL, EDNA B RT 1, BOX 284 BRANFORD FL 32008			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D U T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, EDNA B		1.2 NAME		
STREET ADDRESS	RT 1, BOX 284		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL 32008		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, EVERETT A		2.2 NAME		
STREET ADDRESS	RT 1, BOX 284		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL 32008		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DENNIS E		3.2 NAME		
STREET ADDRESS	RT 1, BOX 288		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL 32008		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: **EDNA B. HOWELL** Edna B. Howell, V.P. 1-3-97 (914) 935-1784

CR2E034 (9/96)