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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V42487** (1)
1. Corporation Name
CAUSEWAY BRANCH ESTATES, INC.

Principal Place of Business
**HIGHWAY 20 EAST
BRISTOL FL 32321**

Mailing Address
**P.O. BOX 237
BRISTOL FL 32321-0237**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1992	3a. Date of Last Report 04/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 69-3131140	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUMMERS, GLENN E. FLORIDA HIGHWAY 20 EAST BRISTOL FL 32321		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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 of registered agent 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, JAKE	1.2 NAME	
STREET ADDRESS	SUMMERS ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	BRISTOL RO 32321	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, DON	2.2 NAME	
STREET ADDRESS	1406 DEVILS DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32308	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, BAUCHIE	3.2 NAME	
STREET ADDRESS	RT 1 BOX 12 A-1	3.3 STREET ADDRESS	
CITY- ST- ZIP	BRISTOL FL 32321	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, GLENN E	4.2 NAME	
STREET ADDRESS	HIGHWAY 20 EAST	4.3 STREET ADDRESS	
CITY- ST- ZIP	BRISTOL FL 32321	4.4 CITY- ST- ZIP	
TITLE		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		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; 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: *Glenn E. Summers* **Glenn E. Summers - Director - 4/30/97 - 904-643-2291**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #