

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M77455

**Entity Name:** CAUSSEAU, HEWETT, & WALPOLE, INC.

**Current Principal Place of Business:**

132 NW 76TH DRIVE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

132 NW 76TH DRIVE  
GAINESVILLE, FL 32607 US

**FEI Number:** 59-2883104

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAUSSEAU, RORY P  
132 NW 76TH DRIVE  
GAINESVILLE, FL 32607 US

**FILED**  
**Oct 31, 2017**  
**Secretary of State**  
**CC5432774691**

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO  
Name CAUSSEAU, RORY P  
Address 10214 SW 23RD AVE  
City-State-Zip: GAINESVILLE FL 32607

Title PRESIDENT, SECRETARY  
Name WALPOLE, ROBERT J  
Address 7615 SW 36TH AVE  
City-State-Zip: GAINESVILLE FL 32608

Title VP  
Name HEWETT, KEVIN W  
Address 20904 NW 167TH PLACE  
City-State-Zip: HIGH SPRINGS FL 32643

Title VP  
Name DEDENBACH, GERARD R  
Address 2820 NW 10TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name BOLDUC, ELROY JOSEPH III  
Address 1510 NW 30TH STREET  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name HIGHLANDER, JOSHUA A  
Address 17410 NW 177TH AVENUE  
City-State-Zip: ALACHUA FL 32615

Title VP  
Name ROSE, TAYLOR K  
Address 2905 SW 132ND TERRACE  
City-State-Zip: ARCHER FL 32618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J WALPOLE

**PRESIDENT**

**10/31/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date