

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 289095 (2)

1. Corporation Name
EVA T. TOWNSEND, INC.



Principal Place of Business

5119 SOUTH 35A
POST OFFICE BOX 446
DADE CITY FL 33526

Mailing Address

5119 SOUTH 35A
POST OFFICE BOX 446
DADE CITY FL 33526

2. Principal Place of Business

21 Suite, Apt., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIEF, FRANK J., III
2600 FIRST FLORIDA TOWER
TAMPA FL 33602

3. Date Incorporated or Qualified
01/28/1965

3a. Date of Last Report
04/19/1995

4. FEI Number
59-1089145

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(4), 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 607.07(4), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TOWNSEND, EVA T
STREET ADDRESS S.R.S. 35 A
CITY-ST-ZIP DADE CITY FL
0

TITLE
NAME TOWNSEND, CURTIS J
STREET ADDRESS RT 4 BOX 829
CITY-ST-ZIP WALTERBORO SC
0

TITLE
NAME TOWNSEND, RAY F
STREET ADDRESS STATE ROAD US 98 S
CITY-ST-ZIP DADE CITY FL
0

TITLE
NAME TOMKOW, CHARLOTTE
STREET ADDRESS BOX 25 S.R. 575
CITY-ST-ZIP TRILBY FL
0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Ray F. Townsend*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 904-567-3852
DATE OF FILING

CR2E034 (12/95)