

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

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AND
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95 MAY -1 AM 11:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000065266 (6)

1. Corporation Name
TOWNSEND APPRAISALS, INC.

Principal Place of Business: **147 SE SANTA BARBARA PLACE CAPE CORAL FL 33990**
Mailing Address: **147 SE SANTA BARBARA PLACE CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/31/1994** 3a. Date of Last Report: **N/A**

4. FEI Number: **105-0515635** 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

2. Principal Place of Business

21. **1020 8th Avenue South** 26. **1020 8th Avenue South**

Suite, Apt. #, etc: **Suite # 11** Suite, Apt. #, etc: **Suite # 11**

22. **Naples, Florida** 27. **Naples, Florida**

City & State: **Naples, Florida** City & State: **Naples, Florida**

23. **33940** 25. **USA** 28. **33940** 30. **USA**

Zip: **33940** Country: **USA** Zip: **33940** Country: **USA**

9. Name and Address of Current Registered Agent
**TOWNSEND, ROBERT N
147 SE SANTA BARBARA PLACE
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81. Name: **Robert N. Townsend**

82. Street Address (P.O. Box Number is Not Acceptable): **1020 8th Avenue South**

83. **Suite 11**

84. City: **Naples** 85. Zip Code: **FL 33940**

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: **ROBERT N. TOWNSEND, PRESIDENT** 4-15-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Robert N. Townsend** **ROBERT N. TOWNSEND** 4-15-95 (813)435-1008