

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

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**Apr 07 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 # 1. Corporation Name  
**P04 000065266**  
**TOWNSEND APPRAISALS, INC.**

Principal Place of Business Mailing Address  
**Townsend Appraisals, Inc.**  
**1020 8th Ave. S., Ste. 11**  
**Naples, FL 34102**

2. Principal Place of Business 2a. Mailing Address  
21 **1020 8th Ave S, STE 11** 26 **1020 8th Ave S, STE 11**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 **11** 27 **11**  
City & State City & State  
23 **NAPLES, FLORIDA** 28 **NAPLES, FLORIDA**  
Zip Country Zip Country  
24 **#81)@** 25 **USA** 29 **34102** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**4/2/96**  
4. FEI Number Applied For  
**65-0515135** 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**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Robert N. Townsend**  
**1020 8th Avenue South**  
**Suite 11**  
**Naples, Florida 34102**

10. Name and Address of New Registered Agent  
81 Name **N/A**  
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 **Robert N. Townsend President** DATE **3-30-97**  
Signature and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>Robert N. Townsend</b>
CITY-ST-ZIP	<b>1020 8th Avenue S, Ste 11</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Naples, Florida 34102</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>700002137177</b>
4.3 STREET ADDRESS	<b>-04/08/97--01122--036</b>
4.4 CITY-ST-ZIP	<b>***165.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CC 417</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700002136622</b>
6.3 STREET ADDRESS	<b>7/04/00/97--070757033</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

14. I, the undersigned, 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: **Robert N. Townsend** DATE **3-30-97** (941) 435-1008  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)