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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000065266 (6)
 1. Corporation Name
TOWNSEND APPRAISALS, INC.



Principal Place of Business 1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102	Mailing Address 1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/31/1994	4. FEI Number 65-0515135	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent
**TOWNSEND, ROBERT N
 1020 8TH AVENUE SOUTH
 SUITE 11
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name TOWNSEND Robert N.
82. Street Address (P.O. Box Number is Not Acceptable) 1020 8th Avenue South
83. Suite Suite 11
84. City Naples
85. Zip Code FL 34102

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 **4-10-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOWNSEND, ROBERT B	
STREET ADDRESS	1020 8TH AVENUE SOUTH SUITE 11	
CITY - ST - ZIP	NAPLES FL 33940	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Townsend Robert N.	
1.3 STREET ADDRESS	1020 8th Avenue South Suite 11	
1.4 CITY - ST - ZIP	Naples, FL 34102	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Townsend, Barbara J	
2.3 STREET ADDRESS	1020 8th Avenue South Suite 11	
2.4 CITY - ST - ZIP	Naples, FL 34102	

14. I 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 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: **4-10-98** (941) 435-1008

CR2E034 (10/97)