

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90068 027 \*\*\*150.00

0441531

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 381401

1. Corporation Name

TOWNS END TRUCK AND EQUIPMENT SERVICE, INC.

Principal Place of Business

2021 ORTIZ AVENUE  
FT MYERS FL 33905

Mailing Address

2021 ORTIZ AVENUE  
FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1971

4. FEI Number

59-1349828

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

TOWNSEND, ALDEN M  
 2336 CLUB HOUSE RD.  
 N FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name

Townsend Alden M.

82 Street Address (P.O. Box Number is Not Acceptable)

1759 St Clair Ave E.

83

84 City

N Ft My FL

85 Zip Code

33903

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

Colleen F. Terry

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME VD  
 STREET ADDRESS COLLEEN, TERRY  
 CITY-ST-ZIP 6600 MARNA LN  
 NORTH FORT MYERS FL

TITLE ☐ DELETE  
 NAME PD  
 STREET ADDRESS TOWNSEND, ALDEN M  
 CITY-ST-ZIP 1759 ST. CLAIR AVE. E.  
 NORTH FORT MYERS FL 33903

TITLE ☐ DELETE  
 NAME STD  
 STREET ADDRESS TOWNSEND, HELEN J  
 CITY-ST-ZIP 1759 ST. CLAIR AVE. E.  
 NORTH FORT MYERS FL 33903

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 941-3327188

CR2E034 (11/98)