

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 PM 2:47

**DOCUMENT # G08241 (3)**

1. Corporation Name  
**TOWNSEND INSURANCE ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**% H PAUL SENFT**      **% H PAUL SENFT**  
**18 NORTH 6TH STREET**      **18 NORTH 6TH STREET**  
**HAINES CITY FL 33844-7157**      **HAINES CITY FL 33844-7157**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/22/1982**      **02/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b>		<b>26</b>		<b>59-1171647</b>			<input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SENFT, H PAUL</b> <b>18 NORTH 6TH STREET</b> <b>HAINES CITY FL 33844</b>				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City			
				<b>FL</b> <b>85</b> Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, JAMES W</b>	1.2 NAME	
STREET ADDRESS	<b>18 N 6TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SENFT, H. PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>18 N 6TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSTHWATE, KAREN N.</b>	3.2 NAME	
STREET ADDRESS	<b>18 NORTH 6TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Senft* **President**      1-10-95      813-422-7574  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #