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

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

H79363

(8)

TOWNE SERVICES, INC.

FILED Mar 04 1996 8:00am Secretary of State



Principal Place							
Principal Place of Business Mailing Address  P. O. BOX 3332 FORT PIERCE FL 34948  P. O. BOX 3332 FORT PIERCE FL 34948				1 (00)0) (00) (00) (00) (00) (00) (00) (			
TOTT TIET	, I	TOM FILME TE	010,0		3. Date Incorporated or Qualified 10/04/1985	3a. Date of Lest Repo- 04/25/1995	1
<del></del>	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21			26		59-2634002 PNot Applica  59-2634002 SB.75 Additiona		
Suite, Apt.	W, OIC.	Suite, Apt. #, etc	۵.		5. Certificate of Status Desired	Fee Req	
City & State	)	City & State			6. Election Campaign Financing	\$5.00 k	lav Be
23		28			Trust Fund Contribution	Added to	
Zip ≠	Country	Zip	<u> </u>	untry	8. This corporation has liability for		9.032,
24	25	29	30			s 🗆 No	
<u> </u>	9. Name and Address of C	urrent Hegistered Agent		<b>B1</b> Name	10. Name and Address of New I	uečistetao Mžetit	
	IS, JOHN R.			82 Street	Address (P.O. Box Number is Not Acceptal	ble)	
	Lairstone pines dr. Kassee fl 32301			83			
IALLA	MODEL PL DESUT			84 City		85 Zip C	
				1 1 7		FL:	
tarmijar wi					corporation submits this statement for the puss board of directors. I hereby accept the app		
SIGNATURE	Signature, typod or printed name of register				required when reinstaling)	DATE	
	Signature, typod or printed harrie of registero			ed Agent signature		DATE FICERS AND DIRECTORS	IN 12
SIGNATURE	Signature, typod or printed harrier of registers OF FICE F	ed agent and title it applicable.	(NOTE: Registere	ed Agent signature	required when reinstaling)	DATE FICERS AND DIRECTORS	
SIGNATURE 12.	Signature, typical or printed native of registere OFFICEF PD JENKINS, JOHN F.	ed agest and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. 1.1 1.2)	od Agent eigneture TITLE NAME	required when reinstaling)	DATE FICERS AND DIRECTORS	IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typod or patried nature of registers OFFICEF PD JENKINS, JOHN F. 1172 A BINNEY DR.	ed agest and title if applicable. RS AND DIRECTORS	(NOYE: Registere 13. 1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	od Agent eigneture TITLE NAME STREET ADDRESS	required when reinstaling)	DATE FICERS AND DIRECTORS	IN 12
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I. 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 furnished and does not qualify for the exemption 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

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2/20/96 468-0681