FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 #1572-2

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08569 (2)

1. Corporation Name

TOWN PLAZA DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
% DAVID S. BAND 240 S PINEAPPLE AVE 10 FL SARASOTA FL 34236	% DAVID S. BAND 240 S PINEAPPLE AVE 10 FL SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2663657 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORE, STEVE
1345 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: JOHNSTON, Cathy B.
82 Street Address (P.O. Box Number is Not Acceptable): %Prestige Property Services
83: 1510 Barry Road, Suite E
84 City: Clearwater FL 85 Zip Code: 34616

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: Cathy B Johnston — DATE: 3/22/95
Signature, typed or printed name of individual and title if applicable. CATHY B. JOHNSTON (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	KALIN, EDWARD	1.2 NAME		
STREET ADDRESS	240 S. PINEAPPLE AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, DARYL J.	2.2 NAME	Delete this individual entirely	
STREET ADDRESS	240 S PINEAPPLE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D/V/S/T	☐ Change ☒ Addition
NAME	BAND, DAVID S.	3.2 NAME		
STREET ADDRESS	240 S. PINEAPPLE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLIER, RONALD L.	4.2 NAME		
STREET ADDRESS	240 S PINEAPPLE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: David S. Band, Director 1/17/94 813/366-6660
SIGNATURE AND TYPE OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0342400 CP