

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUL -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K29516 (7)

1. Corporation Name
TOWN SQUARE DEVELOPMENT GROUP, INC.

Mailing Address
* CHARLES TINDELL
406 N. WILD OLIVE DR
DAYTONA BEACH FL 32118

Principal Place of Business
* CHARLES TINDELL
406 N. WILD OLIVE DR
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1988	3a. Date of Last Report 05/01/1993
4. FEI Number 05-0076003	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

TINDELL, CHARLES
406 N WILD OLIVE AVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	D TINDELL, CHARLES 406 N. WILD OLIVE AVE DAYTONA BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	V/D Daytona Beach, FL 32118
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	D ASHCRAFT, JOHN R. 2313 OAK DR FORT PIERCE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	S/D Ashcraft, John R. 2400 S. Ocean Drive, Unit 4322 Ft. Pierce, FL 34949
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	D JONES, TOM 6350 OSLO RD VERO BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	P/D Vero Beach, FL 32960
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not equally for the exceptions stated in Law 199-172, 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 193 or Chapter 172, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Tindell Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-94

904-258-1930