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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K29516

(7)

TOWN SQUARE DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address S CHARLES TINDELL 406 N. WILD OLIVE DR DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32119-3938					
				3. Date Incorporated or Qualified	1
A Drawinal O	iace of Business	2a. Mailing Address		07/26/1988 4. FEI Number	05/01/1996
	RUPE OF BUSINESS	28. Malling Address		69-0076003	Applied For Not Applicable
Sule, Apt.	# 610	Suite. Apt. #, etc.		08-00/0003	CO 75 A 4 4 1 1 1
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zio	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes X No
	9. Name and Address of Curren	t Registered Agent	64) 14	10. Name and Address of New I	Registered Agent
TINDELL, CHARLES			81 Name		
406 N WILD OLIVE AVE			82 Street Add	lress (P.O. Box Number is Not Accept	table)
DAY	TONA BEACH FL 32118		92		
	· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		63		SE DOSENVE TA UNE CONTRA LA .
			64 KONY		86 Zip Code
 	60-70/0	engang kangan janggan di Orang Comittoe Davida Orang			(4.55) [19] [19] [19] [19] [19] [19] [19] [19]
office or s	dgistered agent, or both, in the State	of Florida, Such change was	suthorized by the corpora	poration submits this statement for the store board of directors. I hereby acc	cept the appointment as registered
agent. La	rn familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes:		
SIGNATURE	Signature, typico or printed name of registered age	ot and trip if anologous (NOT	E Registered Agent signature requ	ired when rainstation)	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
THILE	VD	DELETE	1,1 JITLE		Change Addition
N4M6	TINDELL, CHARLES		1.2 NAME		
STREET ADDRESS	406 N. WILD OLIVE AVE		1.3 STREET ADDRESS		[]
City St-7IP	DAYTONA BEACH FL		1.4 CITY- ST-ZIP		[5]
TITLE	SD	☐ DELETE	21 TITLE		Change Addition
NAME	ASHCRAFT, JOHN R.		2.2 NAME		
STREET ADDRESS	2400 S. OCEAN DR., UNIT 43	22	2.3 STREET ADDRESS		
City-St-Zi-	FORT PIERCE FL	····	2. 4 CITY - ST - ZIP		
1:01	PD	DELETE	3.1 TITLE		Change Addition
NAME	JONES, TOM		32 NAME	•	
STREET ADORESS	6350 OSLO RD		3.3 STREET ADDRESS		
CH7 S1-702	VERO BEACH FL	T Drutte	3.4. CITY - ST - ZIP		61
11016 		☐ DELETE	4.1 TITLE		L Change L Addition
N/M ¹			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CHY - 51 - 71°		Totiere	4 4 CITY - ST - ZIP		Change Addition
1011		☐ DELETE	5.1 TITLE		C Change C Addition
NAM!			5.2 NAME		Į
STREET ADORESS			5.3 STREET ADDRESS		
COLV-21-70-		DELETE	5.4 CiTY-ST-ZiP		Change Addition
TITLE		€ hrreit	6.1 TITLE		Change C vanimi
NAME DAMES A LOS MAGE			6.2 NAME		
STREET ADDRESS I	}		6.3 STREET ADDRESS		ļ

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival 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 arrivan officer or director of the opporation or the receiver or true employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

TÂME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prione # 002

4/1/97

904-258-1930

Charles Tindell