

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K52474**

(9)

To: Corporation Name:

TOWNE N COUNTRY ADJUSTERS, INC.

RECEIVED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**6069 PALM CREEK DR.
BROOKSVILLE FL 34607**

Mailing Address:

**6069 PALM CREEK DR.
BROOKSVILLE FL 34607**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 12/20/1988	3a. Date of Last Report 03/28/1994
4. Filing Number 59-2930417	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing First Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Does corporation regularly report compliance with Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	25. State of Incorporation
22. Date of Report	27. Date of Report
23. City, State	28. City, State
24. City, State	29. City, State
30. City, State	31. City, State

9. Name and Address of Current Registered Agent

**MCLEOD, CAROLYN A.
6069 PALM CREEK DR.
BROOKSVILLE FL 34607**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

12. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

12. Name and Address of Registered Agent	13. Name and Address of Registered Agent
PST MCLEOD, CAROLYN A. 6069 PALM CREEK DR. BROOKSVILLE FL	PST MCLEOD, CAROLYN A. 6069 PALM CREEK DR. BROOKSVILLE FL
14. Name and Address of Registered Agent	15. Name and Address of Registered Agent
16. Name and Address of Registered Agent	17. Name and Address of Registered Agent
18. Name and Address of Registered Agent	19. Name and Address of Registered Agent
20. Name and Address of Registered Agent	21. Name and Address of Registered Agent
22. Name and Address of Registered Agent	23. Name and Address of Registered Agent
24. Name and Address of Registered Agent	25. Name and Address of Registered Agent
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94. Name and Address of Registered Agent	95. Name and Address of Registered Agent
96. Name and Address of Registered Agent	97. Name and Address of Registered Agent
98. Name and Address of Registered Agent	99. Name and Address of Registered Agent
100. Name and Address of Registered Agent	101. Name and Address of Registered Agent

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE:

Carolyn McLeod
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95