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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:04

DOCUMENT # N92000000707 (1)

1. Corporation Name

TOWNCENTER AGENCY, INC.

Principal Place of Business	Mailing Address
541 E MONROE STREET JACKSONVILLE FL 32202	804 EAST COAST DR ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 11/09/1994
4. FEI Number: 59-3158509 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

DELOACH, JOANNA
804 EAST COAST DRIVE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☑ Addition
NAME	BISHOP, JOHN	12 NAME	~~BISHOP~~ ALMOND, SUE
STREET ADDRESS	544 OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	D ☐ Change ☑ Addition
NAME	DELOACH, JOANNA	22 NAME	SIMMONS, SYLVIA
STREET ADDRESS	804 E COAST DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☐ Change ☑ Addition
NAME	PORTER, BRENDA K	32 NAME	McCrary, Tom
STREET ADDRESS	1882 OCEAN POND DR	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, MICHAEL	42 NAME	
STREET ADDRESS	119 OAK STREET	43 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	FISHER, LESLEY	52 NAME	
STREET ADDRESS	560 ATLANTIC BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, TERRI	62 NAME	
STREET ADDRESS	560 ATLANTIC BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-3-95 904 798 6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Terri Chandler

0026096