FILE NOW: FILING FEE IS $61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N92000000707 (1)

1. Corporation Name
TOWNCENTER AGENCY, INC.

400001783314
-04/17/96--01017--031
***61.25

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

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2021 VELA NORTE CIR.
Suite, Apt. #, etc.
27
City & State
28 ATLANTIC BCH, FL.
Zip 29 32233 Country 30 DUVAL

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

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

9. Name and Address of Current Registered Agent

SD
DELOACH, JOANNA
804 EAST COAST DRIVE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: DON FAGAN
82 Street Address (P.O. Box Number is Not Acceptable): 2021 VELA NORTE CIR.
83
84 City: ATLANTIC BEACH FL 85 Zip Code: 32233

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE: ~~J. DeLoach~~ Fagan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMOND, SUE 544 OCEAN BLVD ATLANTIC BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D WATERS, DEZMOND 1835 SEMINOLE RD. ATLANTIC BEACH, FL. 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, SYLVIA<br~~804 E COAST DRIVE~~ 211 BEACH AV. ATLANTIC BEACH FL 32233	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D LESLIE LYNG % MARON FURN. 11173 BEACH BLVD. JACKSONVILLE, FL. 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D<br~~MCGRARY, TOM~~<br~~1882 OCEAN POND DR~~<br~~JACKSONVILLE BEACH FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D BRETTE PETWAY - SEARS 311 8th ST. ATLANTIC BEACH, FL. 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNLAP, MICHAEL 119 OAK STREET NEPTUNE BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JOHN MESERVE 2126 BEACH AV. ATLANTIC BEACH, FL. 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD<br~~FISHER, LESLEY~~<br~~560 ATLANTIC BLVD~~<br~~NEPTUNE BEACH FL 32266~~	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D RICHARD MOORE 404 MARGARET ST. NEPTUNE BEACH, FL. 32266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHANDLER, TERRI 560 ATLANTIC BLVD NEPTUNE BEACH FL 32266	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BRENDA PORTER 1802 OCEAN POND DR. JACKSONVILLE, BEACH, FL. 32250	☐ Change ☒ Addition

CR2E037 (12/95)

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)(k), 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: ~~Joanna DeLoach~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNA DELOACH, SECRETARY
2/13/96 Date
(904) 246-3168 Daytime Phone #

ADDITION

D
DON FAGAN
2021 VELA NORTE CIR
ATLANTIC BEACH, FL. 32233