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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000029842 (7)**

1. Corporation Name
TOWNSEND'S TERMINAL SERVICE, INC.

Principal Place of Business	Mailing Address
6749 LODGE AVENUE ORLANDO FL 32809	6749 LODGE AVENUE ORLANDO FL 32809-6556

3. Date Incorporated or Qualified: 04/01/1996
3a. Date of Last Report: 4-1-96

2. Principal Place of Business
21 7600 SouthLand BLVD
Suite, Apt. #, etc.
22 100-313
City & State
23 orlando Fl.
Zip 24 32809 Country 25 orange

2a. Mailing Address
26 6753 Kelland Ave
Suite, Apt. #, etc.
27
City & State
28 orlando Fl.
Zip 29 32809 Country 30 orange.

4. FEI Number: 59-3367601 ☐ 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

TOWNSEND, ROBERT W
6749 LODGE AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: TownsenD, RobeRT W
82 Street Address (P.O. Box Number is Not Acceptable): 6753 Kelland Ave
83
84 City: Orlando FL 85 Zip Code: 32809

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: Robert W Townsend Director. DATE: 3-18-97
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	☐ DELETE	1.1 TITLE	V/m Vice President. / Ex. Direct	☐ Change ☑ Addition
NAME	TOWNSEND, ROBERT W		1.2 NAME	TownsenD, NancY E	
STREET ADDRESS	6749 LODGE AVENUE		1.3 STREET ADDRESS	6753 Kelland Ave	
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP	orlando Fl. 32809	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W Townsend 3-18-97 407-858-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089811