

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038845

1. Corporation Name

THE TOWNSEND PUBLISHING CO., INC.

Principal Place of Business

200 EAST GRANADA BLVD

STE #207

ORMOND BEACH FL 32176

US

Mailing Address

620 SOUTHEAST 9TH AVENUE

POMPANO BEACH FL 33060

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90025 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

65-0671855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 3386 JOHN ANDERSON DR

2a. Mailing Address

26 3386 JOHN ANDERSON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORMOND BEACH, FL

City & State

28 ORMOND BEACH, FL

Zip

24 32176

Country

25 FLORIDA

Zip

29 32176

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

FUNK, LAWRENCE F

620 S.E. 9TH AVENUE

POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3386 JOHN ANDERSON DR.

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

FUNK, LAWRENCE F

STREET ADDRESS

620 SOUTHEAST 9TH AVENUE

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

VD

☐ DELETE

NAME

FUNK, STEPHEN T

STREET ADDRESS

620 SOUTHEAST 9TH AVENUE

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

SD

☐ DELETE

NAME

FUNK, JANE A

STREET ADDRESS

620 SOUTHEAST 9TH AVENUE

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

TD

☐ DELETE

NAME

MITCHELL, JENNIFER R

STREET ADDRESS

620 SOUTHEAST 9TH AVENUE

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

ADDRESS

ONLY

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☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE F FUNK

Date

Daytime Phone #

4-9-99

904
441-0220

CR2E034 (1/1/98)