

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000102958  
1. Corporation Name

TOWN PARK DEVELOPMENT COMPANY

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/23/96

21	2. Principal Place of Business 3925 S. Nova Rd. Suite, Apt. #, etc.	26	2a. Mailing Address P.O. Box 291338 Suite, Apt. #, etc.	4.	FEI Number 59-3496543	Applied For Not Applicable
22	23. City & State Port Orange, FL	27	28. City & State Port Orange, FL	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	24. Zip 32127	25	25. Country	29	30. Zip 32129	30. Country
9. Name and Address of Current Registered Agent Jerry Johnson, Sr. 3925 S. Nova Rd. Suite 2 Port Orange, FL 32127				10. Name and Address of New Registered Agent		

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (Typed or printed name of registered agent and title, if applicable) (If not Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Johnson, Jr.	1.2 NAME	
STREET ADDRESS	3925 S. Nova Rd., Suite 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	Port Orange, FL 32127	1.4 CITY-ST-ZIP	
TITLE	V-S-T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Johnson, Sr.	2.2 NAME	
STREET ADDRESS	3925 S. Nova Rd., Suite 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	Port Orange, FL 32127	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  3/18/98 904/78788000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

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