Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102958

Principal Place of Business

TOWN PARK DEVELOPMENT COMPANY

3925 S. NOVA RD. SUITE 2 PORT ORANGE FL 32127		P.O. BOX 291338 PORT ORANGE FL 32129		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualifed 12/23/1996 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
34		26			59-3496543	1	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			<u>_</u>	\$8.75	Additional
22	п , ою.	27			5. Certifcate of Status Desired		Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	0 May Be
23		28			Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Inta	ngible	
24	25	29 30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registered A	gent	
			81	Name			
JOH	nson, Jerry Sr			<u> </u>			
	S. NOVA RD.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUIT			83				
	T ORANGE FL 32127						
,			84	City	FL	85 Zip	p Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was autho	rized by	the corpor	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	changing in itment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE: Regi	stered Ager	nt signature rec	guired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	FORS IN 12
TITLE	P		1.1 TITLE	T		Change	
NAME	JOHNSON, JERRY JR.	_	1.2 NAME				
				TADORESS			
STREET ADDRESS							
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-S 2.1 TITLE	1-ZIP		Change	e
TITLE	VST	<u> </u>					
NAME	JOHNSON, JERRY SR.		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP			e Addition
TITLE		☐ DELETE	3.1 TITLE		NP START START	Change	a Monition
NAME			3.2 NAME		ZOBACION DILLORD		
STREET ADDRESS			3.3 STREE	TADDRESS	JOBALIA DIPAK D VAL RIVERSIDE DR ORMOND BEACH, FL?		
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	OBMOND BLACH LE	777.1	
TITLE		☐ DELETE	4.1 TITLE			Change	e
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	e 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	<i>,</i>		
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TITLE		□ DELETE	6.1 TITLE			Change	e
NAME		-	6.2 NAME				
			6.3 STREF	TADDRESS			
STREET ADDRESS	1						

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, with all other like empowered.

SIGNATURE:

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90138 047 ***150.00